FOR - STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALBYGIENE

CERTIFICATE OF DEATH

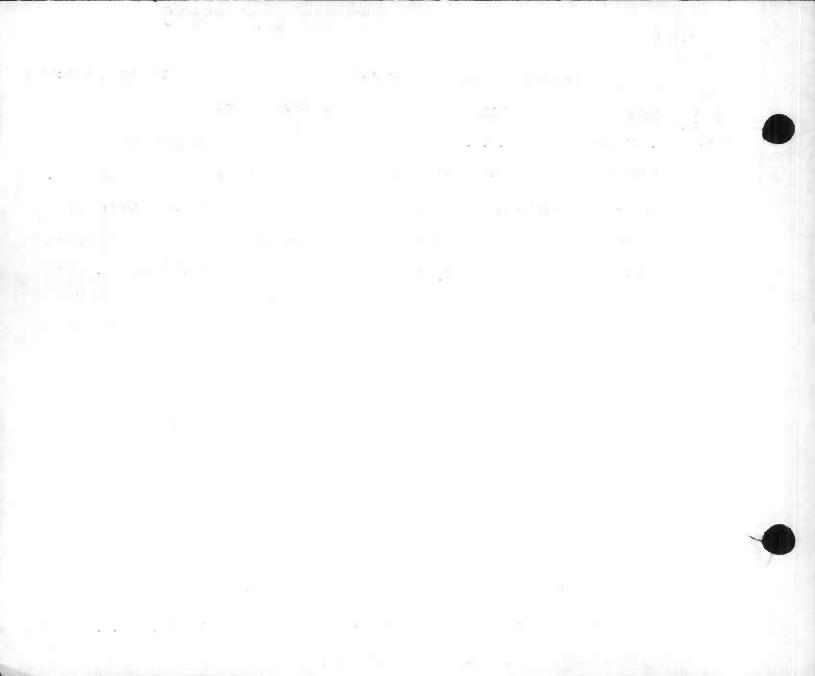
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STATE OF MARYLAND EO GG9858
DEPARTMENT OF HEALTH AND MENTAL OF GIENT CERTIFICATE OF DEATH

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3. SE		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BE	RTHDAY)		ERTYEAR	IF UNDER	24 HRS
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	22a I certify that (I) (this hosp sow the deceased olive or above, (I) (we) (did) (did no 22b. SIGNATURE)				DEGREE	TTENDING	to 10 / 10 / death occurred on the o	AFF	our and f	ram the	that (1) (v causes sto SIGNED	oted
1	226 PHYSICIAN'S NAME (TYPE		M.D.		77e ADDRES			NULO	No	1.2	10/2	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) MARGARET ESTI-DEATH MATED B. 10 25 19 84 Henry 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 6:06A 12 29 1922 61 YRS DEAD White 25 1984 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COMMEry land U.S.A. WIDOWED X DIVORCED Baltimore City 3. RETAIN PAGE SHOULD BE FINED, AL RECORDS, 201 W 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION TTYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sec, y Hospital Baltimore 5504 Woodmont Avenue 30 STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5504 Woodmont Ave Baltimore Md. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Richard Goodwin Florence Heisterhagen 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 168 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES! 215-18-7818 Thelma D. Crispens 5685 Leidan Rd. no CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? USED 20 AUTOPSY? NO IX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211 LOCATION EXECUTE THE CERTIFICATE. WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEF BATTIMORE, MARYLAND, 21201 FR STREET, FACTORY FARM FTC CITY OR TOWN STATE WHILE NOT WHILE AT WORK X22a. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 10/25/84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R, Kauffman, M. Depress 111 Penn St. Balto., MD. (TYPE OR PRINT) 238. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION md STATE 10-29-1984 Buria1 BP Woodlawn 250. DATE REC'D. BY REGISTRAN TO HEGINO ARE SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 Leonard J. Ruck, Inc. 5305 Harford Rd. (VR A15 ME (5)) Julia Davidson 20M 4/82

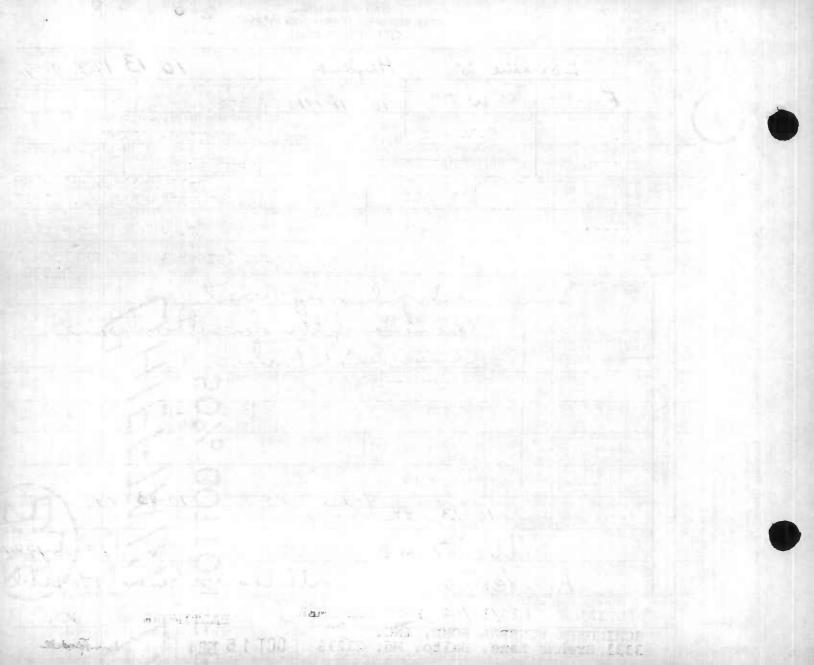
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le 4 moy	3. SEX	LRACE S. DATE OF BIRTH MONTH DAY YEAR 4 10 1891	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIT
deoth. Pog	76. BIRTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED TO DIVORCED [9 BALTIMORE CITY OF COUNTY OF DEATH
offer and a second	ROSSVILLE	1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE HOT INSUCH FACILITY, GIVE STREET ADDRESS) THE GOOD DAY HOSE	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Cafeteria Kenwood Hig
22	mal_ MBa	LITO Balto. YES NO	13. STREET ADDRESS / ZIP CODE SCHOOL
and	Henry	J. Ender Last August	a Schneider
ficate be execu hysician and ci papers. Peter navol.	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	Maas 8515 Philadelphia Rd. 2123
equires, that the death certifical signed by the attending phys. Then please remarve carbonpop burial, cremation, ar remarvaliury, ar ather traumatic event,	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law rectan.	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
physical trifical Hydron rol Hydr	2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b, TIME OF INJURY	URRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2)
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Ok ATTENDINI Ok ATTENDINI ok haspital ar of DRECTOR: Afti oched for use as Dept. of Health f them 21 is mart	22a. I certify that (I) (this haspite saw the deceased alive on _ oboug, (I) (was take) (did not) 22b. SIGNATURE	Mew the body offer debth.	on death accurred on the date and hour and from the causes stated
ITAL by the State	224 PHYSICIAN'S NAME (TYPE OR		
O HO From the Control of the Control	David Goldsc	her, MD Good S	amaritan Hospital Balto., Md.
BP	23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE 236 NAME OF CEMETERY OR CREMATOR Zion Cemetery	CHYORTOWN Baltimore, Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)	LassahnF.H.	7401 Belair Rd 100 BALTO. Mb. 21236	ATERECO. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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ge 4 moj	3. SE	x FFMALE	CAUCASIAN	S. DATE OF BIRTH MONTH DAY YEAR 10 11 1912	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI YRS.
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r filled in hould be remust be	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13, CITY OR TOWN BALTIMO	RE 13d. INSIDE CITY LIMITS?	4601 PA	l Mall Nursing l LL MALL RD. 212
ompletely ond 2 s		ATHER'S NAME FIRST William	J. Fran		G.	Bruetti
Poges 1		NAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215-10-		KE (SISTE	
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law requires as been signed ermit. Then pli e prior to burn vs any injury, o	FICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AN: The law requires hysician. Ricate has been signed fracts have plit. Hen plit. Hygiene prior to burit. 18 shows any injury, o	CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b, CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
NG PHYSICIAN: The law requires ottending physicion. Iter this certificate has been signed so the buriol-transit permit. Then plin and Mental Hygiene prior to buring raked or them 18 shows any injury, o	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WHICH 216, TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 71c HOW INJURY OCCUR 19 711. LOCATION	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NOTION OF PART 2)
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DEPARTMENT OF HEALTH AND MENDAL HYBIENE

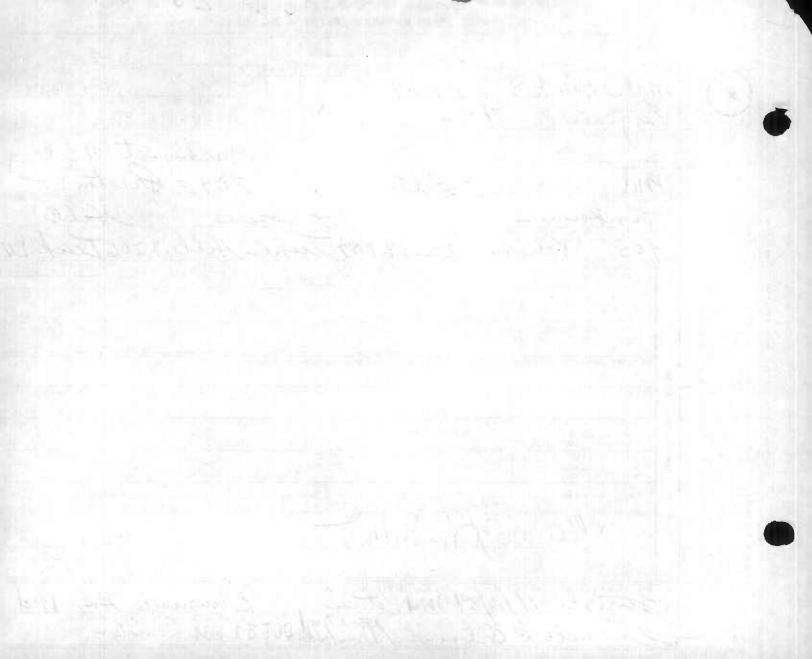
BY REGISTRAR 256 REGISTRAR'S SIGNAD

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDIE 20 DATE OF DEATH 2b. HOUR 1 DECEASED NAME [TYPE OR PRINT] HARLES 12.26 1 IF UNDER 1 YEAR IF UNDER 24 HR AGE LIN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH DAYS MONTH -20-09 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? I BIRTHPLACE STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE HE NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE TOMISSION 13e.STREET_ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE PITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CARDIO PULMONANY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MYDCARDIAL Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. CONONANY ANTRLY DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED TO DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? CARDIOPULMONDAY NO YES [NO I 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21s. PLACE OF INJURY 211 LOCATION 214 IN JURY OCCURRED COUNTY STATE CITY OR TOWN {AT HOME, STREET, FACTORY, OFFICE, FARM, ETC } WHILE NOT WHILE AT WORK 22a I certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an_ , and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 776 SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 724. PHYSICIAN'S MADE-11112 CERTIFIC 230 BURIAL CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY 23b. DATE

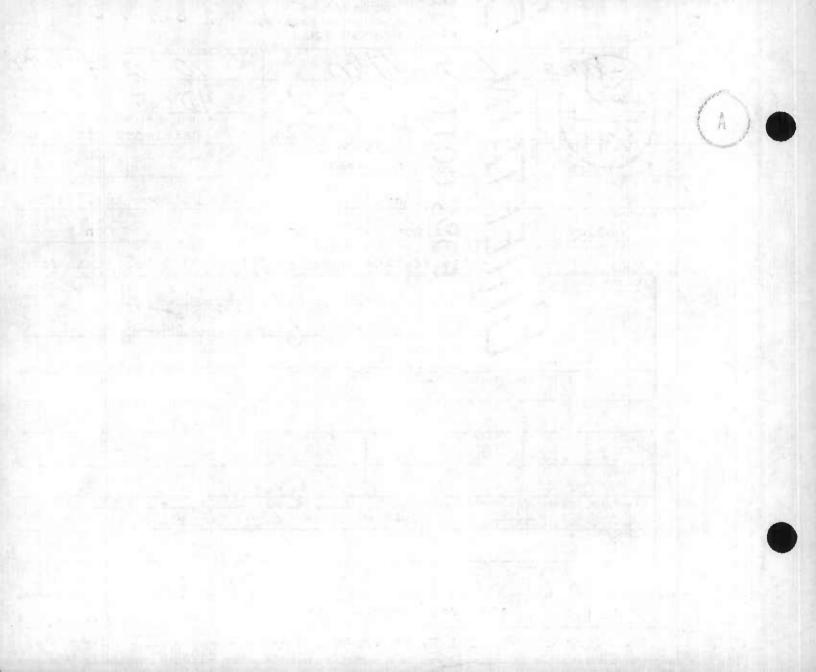
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	y, 5	1 DE	CEASED NAME FIRST		MIDDLF		LAST	20 DATE K	NOWNXX M	ONTH DAY YEAR	2b HOUR
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•	S FUN	V	Mgima	4-	>4	WIDOW			imore C		MD.
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BALTIMORE, MD.	F L W U	1	(IFFE GIVE W		226-34	1989	June	_ Hill	5-220	6 Tucs	En LN
	28.8 F.□		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse per fir						APPROXIMAT BETWEEN ONSE	
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DIVISION OF VITAL RECORDS, 201			PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TE	RMINAL DISEAS	E DR CONDITION GIVEN IN PA	LRI I (a)			
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DIVIS	S CER	ME	WHILE NOT WHILE XX	STREET, FA	ACTORY, FARM, ETC.)	5	TREET	city or tow		YTHUO	STATE
	MINER: THIS CERTIFICATE SHOULD B IFICATE, WRITING THE WORD "PEN BE FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS HITLE STATE DEPARTMENT OF HEAVIAND, 21201 PRIOR TO BURIAL, CR				Home			on St., Ba	-		
	EXAMINER: CERTIFICATION UID BE FOR I, WITH THE! MARYLAND	7	220. I certify that Ptook charge		escribed above, held an		sy XX Inspectio			my opinion	
	EXAMINER CERTIFICA JUD BE FO DIRECTOR WITH THE	11	death resulted from Natura	couses	Accipient .	Guicide	Hamicide LXI	Undetermined mar	ner,		
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1630 Edmondson Avenue, Catonsville, Md. 21228

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENCAL HYGIENE BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND LEALTH AND MEND ICATE OF DEATI		ENE 2 6	40.	9 5		
	(TYPE	CEASED NAME FIRST LOUIL	s Joi	hn		venka	Y	20. DATE OF DEATH October	23,	1984	2b HO	Am
	3. SEX	Male	4. RACE	e	5. DATE O		07	6 AGE (IN YEARS LAST BI	YRS.	MONTHS DAYS		MIN.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		23o. B	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23¢ NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION				
Burial 11/03/1984 Arbutus Memorial Park Baltimore, Maryland			SPECIFY)		Arbutus	Memori	al Park		nore. Man	cyland		

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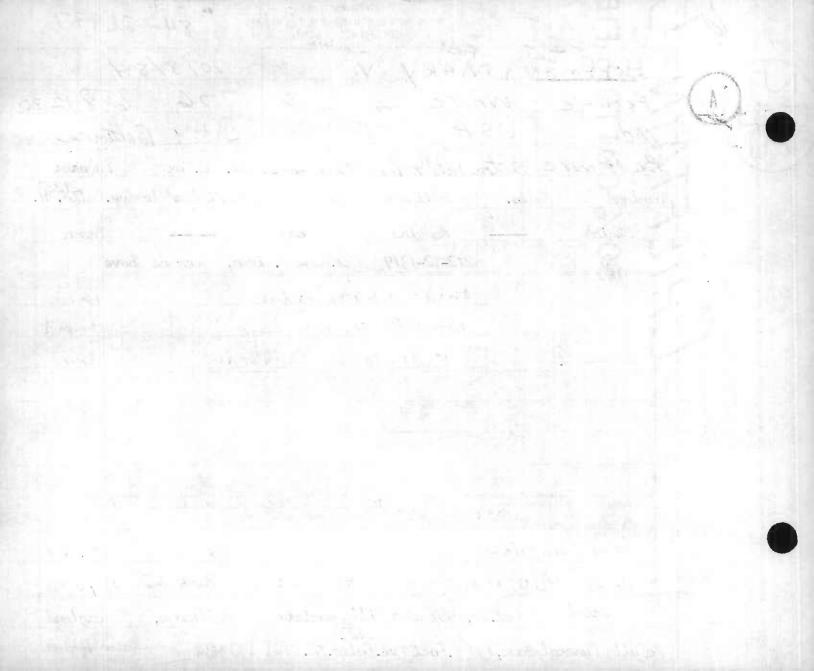
*Nutter Tons 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

250. DATE REC'D. BY REGISTRAR 25 INREGISTRAR'S SIGNATURE
NOV 7 Julia Davidson Andree

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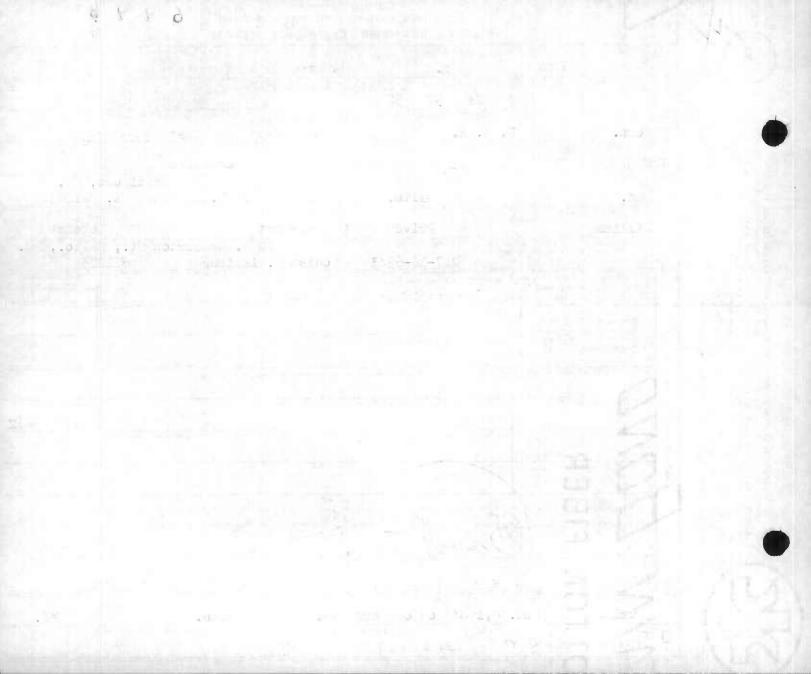
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME YEAR 2b HOUR 28. DATE KNOWN TE MONTH (TYPE OR PRINT) OF ESTI-Irene Holcomb 10 27 19 84 6 AGE (IN YEARS | IF UNDER 1 YR | IF UNDER 24 HRS 2d HOUR 4 RACE 5 DATE OF BIRTH DATE YEAR LAST BIRTHDAY) PRONOUNCED 9:57A 92 YRS 1984 Ta BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED XX U. S. A. DIVORCED Baltimore City, Conn. RETAIN PAGE 5 I HOULD BE FILED, V RECORDS, 201 W O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Housewife Baltimore 10 N. Ashburton Street 13d INSIDE (ITY LIMITS? | 13e STREET ADDRESS Baltimore, Md. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Ja. STATE 13c CITY OR TOWN 13h COUNTY 10 N. Ashburton St. #21223 Balto. YES XXX NO Md. IS MOTHER'S MAIDEN NAME MODELE ыврои Lebeau Prive Margaret 148. SOCIAL SECURITY NO IT INFORMANT IN WAS DECEASED EVER IN U.S. ARMED FORCEST 10 N. Ashburtonstt. Balto. Md. LIES HO, OF THEHOMH! 217-16-6943 Louise M. Williams IR CAUSE OF DEATH (Enter only one cause per line for (n), (b), god (c).) BETWEEN ONSET AND DEAD PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IN Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate course (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNALICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED SO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 IN 19s. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 18. AUTOPSY? DEPARTMENT OF DI PRIOR TO BURN YES D NO X He EXTERNAL CAUSE WAS 21b. TIME OF INJURY THE HOW INJURY OCCURRED LENGTH POLICE OF INJURY IN THIS LE PART I OF PART JU HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLANE OF INJURY AT HOME TH LOCATION 119001 ET. FACTORY, FABRE ETC.) CITY OF HOWN COUNTY WHILE AT WORK PACE 4 SHOULD BE FORWARD TO FUNEAL DIRECTOR PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection [X] 17a I certify that I took charge of the remains described about held on Autopty and in my apmion Undetermined manner TITLE ISPECIFY! ACTUAL Deputy ChiefMEDICAL EXAMINER 10/27/84 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. Penn St. Balto., MD. (TYPE OR PRINT) ADDRESS 73¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE (SPECIFY) Burial Oct. 30, 1984 Loudon Park Cem. Balto. Md. BP 24_FUNERAL DIRECTOR Frederick Are 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 35/2 DHMH - 17 NOV (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND



FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH 2b. HOUR HOLLAND 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXVEVER MARRIED BALTIMORE WIDOWED DIVORCED 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 3604 BELLE 13d. INSIDE CITY LIMITS? YES X 15. MOTHER'S MAIDEN NAME MIDDLE DAVIS ADD RESS 17. INFORMANT REGINIA BREHON COMILL

COUNTY

STATE

DECEASED NAME (TYPE OR PRINT) HELEN 4 RACE 3 SEX FEMALE LACK To BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? IRGINIA 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BALTO. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY CITY OR TOWN MD BAL TO 14 FATHER'S NAME MIDDLE SYLVESTER YBORN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) LYES. NO OR UNKNOWN) NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per fine for (a / (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF ___ underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO O CERTIFICAT 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 1 CITY OF LOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (the not) view the body att 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDR 23g BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

DHMH - 16 50M 1/81 (VRA 15, 4)

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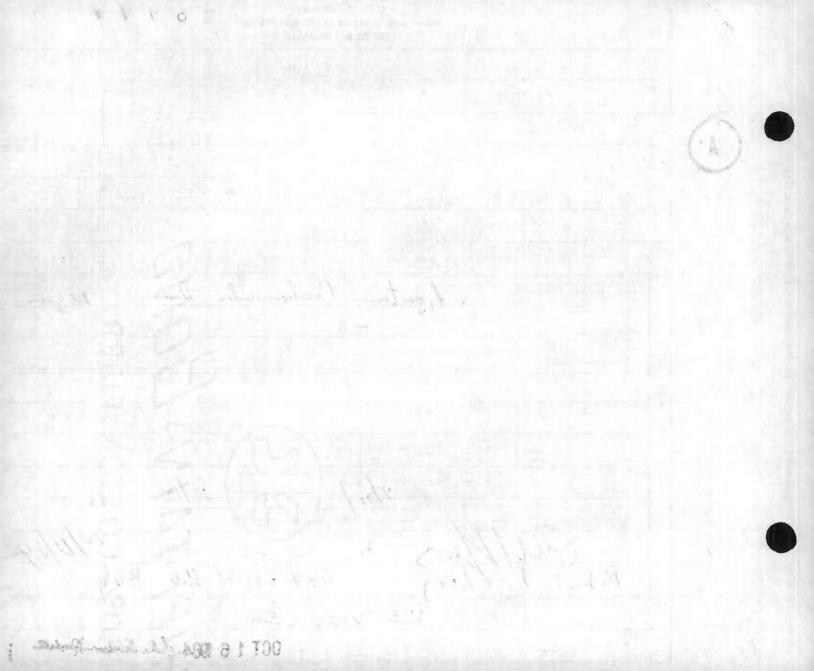
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MPORT

GREMATION DYETT & SON F. H. INC.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the bunial-transit permit. Then please remove corbangapers. Pages 1 and 2 should be filled within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

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V	1/4		1	
1	C.	B.	:1	
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medicol exam

injury, or other traumatic event, the

MPORTANT; If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDIENE

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FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENCAL HY CERTIFICATE OF DEATH	POJENE A PREG. NO.	0 0
I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) Rose	Marie Streck	fus Holland	October 19, 198	4 6:20 P _M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	10 01	83 YRS.	MONTHS DAYS HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	U.S.A.	WIDOWED XX DIVORCED	Baltimore Cit	y MD.
10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY HOME
Baltimore USUAL RESIDENCE (IF NURSING HOME OF	Maryland Gene	ral HOSPITAL DRE ADMISSIONI	11000500000	/ IC / Conte
Maryland 13h COUR		YES XX NO	3205 Hudson 52	Freet 21224
14 FATHER'S NAME	Schreibe	15. MOTHER'S MAIDEN N Thereso	MIDDLE	LAST
	MED FORCES? 166 SOCIAL SE	CURITY NO 17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GI	218-07-	0276 Mary Holla	and 3205 Hudson Sa	t. 21224
18 CAUSE OF DEATH (Enter DE	nly pine couse per line for (b), (b),	ond resil		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	D BY:	ac Arrest		The contract of the second
	DUE TO, OR AS A CONSEQ	LIENCE OF		
Conditions, if any, which		ed Blood Pressure		
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO			
underlying cause last		al Infarction		
	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GI	IVEN IN PART TIO
2 Congestive He	art Failure, Re	enal Failure		
Congestive He 19a DATE OF OPERATION 10/11/84 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
10/11/84		Ventral Hernia	YES NO Y	ES NO
		DAY YEAR 21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19		
OR CONTRIBUTING CAUSE OF DE- LIF EITHER, NOTIFY MEDICAL EXAMINE	218. PLACE OF INJURY (AT HOME STREET FACTORY, OFFIC	E FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK				
220 I certify that X (this hosp	october 19,	October 11 19 84	to October 19, an death accurred on the date and ho	, 19 <u>84</u> , that X (we) last
apove, (1) (we) third I did to	UCTODER 19, 19		an death accurred on the date and ho	
226. SIGNATURE	To the	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
4 OW	200	PHYSICIAN		16/19/84
22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS		
Flien	s. Deursci		and General Hospit	tal
230 BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY AL 8 STATE
Burial	10-23-84	Holy Redeemen	Baltimore (i	tu, Md.
24 FUNERAL DIRECTOR	ADARKS		ATE REC'D. BY REGISTRAR 735 REGIS	TRAR'S SIGNATURE
Charles S. Leiler	2 & Son Inc. 901	S. Conkling St. D	01 44 1464 June 1	autason-hadarar

DHMH - 16 50M 4/83 (VRA 15, 4)

thereigh a second about . . . XX 200 is XX Solder Meanta 1000

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCTENE

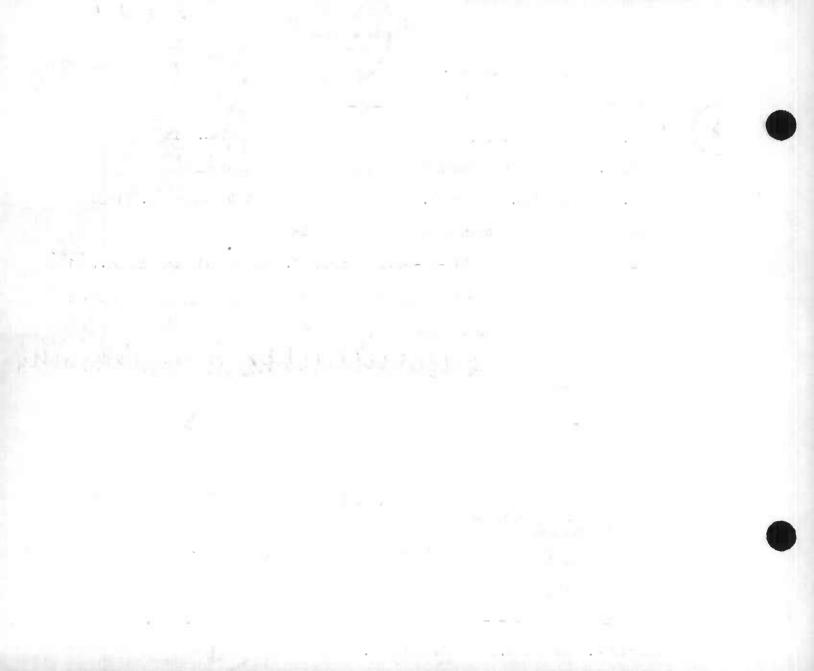
CERTIFICATE OF DEATH

REG. NO

FOR

- STATE

REGISTRAR





2+	1 - FOR STATE REGISTRAR		D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	TENE 2 7	003	
	I. DECEASED NAME (TYPE OR PRINT)	Paul	RACE	5. DATE	(Harrey) OF BIRTH DAY YEAR	October 17 6. AGE (IN YEARS LAST BIRTHDAY	1984 SI IF UNDER I YEAR IF UND	OER 2 HRS
77	S. Carol O. CITY OR TOWN O	ina Death 111	BOLA SO	MARRIE WIDOW NURSING HOME IVE STREET ADDRESS)	ED NEVER MARRIED DED DIVORCED DO OTHER INSTITUTION	9. BALTIMORE CITY OR CO Balto. 17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSI	M NESS O
35	USUAL RESIDENCE (13a. STATE SC	13b. COUNTY	HER INSTITUTION, GIVE RESIDEN 136. CITY (Balt	or town Imore	13d. INSIDE CITY LIMITS?		Ivania Ave.	(0
ond 2 sh exominer	Smart	MID		orrey	15. MOTHER'S MAIDEN NA Elizabe	th	Horre	У
	YES NO OR UNKNOV		(2374 C BO BA)	16-2048	Nellie Hor	rey 1005 Va	lley St. 21	
mit. Then please rer prior to buriol, crem ony injury, or other	PART 2 OTHE	SIGNIFICANT CO	ic can	ING TO DEATH BU	T NOT RELATED TO THE TERM ON WAS PERFORMED	rostato 9	Could, IF YES, WERE FINDINGS US	
Hygiene pr 18 shows or	SIG. ACCIDENT W		21b. TIME OF INJURY HOUR A.M. MON	NTH DAY YEAR		YES NO NO NEED (ENTER NATURE OF INJURY IN	CERTIFYING CAUSES OF DE YES NO ITEM 18 PART 1 OR PART 2}	
s the burial ond Menta rked or frem	21d. INJURY O	Y MEDICAL EXAMINER) CURRED IOT WHILE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211 EOCATION STREET	CITY OR TOWN	COUNTY	STATE
hed for use o ept of Health	and the state of	eceosed olive on we) (did) (did not) :	ottended the deceased	10	ond that in (my) (our) opinion DEGREE		70-7	
should be detact with the State D	22d. PHYSICIA	I'S NAME (TYPE OR P	ANG	19.9	18/84 ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN N. BALK AV	E Balturose	180
# 3 X	230. BURIAL, CREMA (SPECIFY) B1 24. FUNERAL DIRECT	rial	23b. DATE 10/22/84		cemetery or crematory son Forest V	7A Owings TE REC'D. BY REGISTRAR 25b.	Mills	STATE MD

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN.

Wm. C. March F/H, Inc. 1101 E. North

TSG. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



district was estimated Edward - Fold - Bon Cortex ingland, to a Baldrage X to d. den pr. A program Panis - could a . Carlo . Panis Tilly V _ Ther Inc. 1961 Meaders Av. (2121) 1907 1 1907 1 2007

	DECEASED NAA	NE FIRST		WIDDLE		L/	AST		2e. DATE	KNOWNXX	MONTH DA	Y YEAR	26. Н
L		Joh		Allan			Howe		DEAT	H MATED	10 20		
13	SEX.	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA	ARS IF UND			MIN PRONO	JNCED	MONTH DA		24 to 5:
	Male	White	06 08	83	1 YR	S.			DEA		10-20		la.
1/0	BIRTHPLACE (-			KY?		armete	ER MARRIE		_	-	DEATH	
10	Marylan CITY OR TOWN		11 NAME OF HO	S.A.	SING HOME.	. OR OTHE		DIVORCE	Bal.	LIMOTE UPATION (TYPE	DE WORK 12b I	(IND OF BU	SINES
	Baltimo	re	(IF NOT IN SUCH I	gnes H	REET ADDRESSI				POR MOST OF W	ORKING LIFE)		OR INDUST	5Y
	UAL RESIDENCE	E (IF IN NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE E	EFORE ADMISSIO	DN1				D 500	1 . 5	1/1	
	i. STATE Marvland	Balt	imore		nsvill		YES T	NO E	9 Wint		e. 2122	28	
-	FATHER'S NAM		WIDDLE		AST		15. MOTHE	R'S MAIDEN		WIDDLE		LAST	
1	John		MIDDLE	H	lowe		N.	ancy		J,	Pho	ebus	
16	WAS DECEAS	ED EVER IN U.S. AI	RMED FORCES?	16b. SOC	IAL SECURITY	NO.	17. INFORM	MANT		ADDRESS		2122	.8
L	N/A				04-648				Allen P	hoe b us			
F	18 CAUSE	OF DEATH (Enter of	inly one cause per lin	ne far (a), (b),	and (c).)	t Don	th Su	mdrome		1	ВІ	APPROXIMATI	INTER
	T ART TE	IMMEDIA	ATE CAUSE (0)				UII Dy	TIGI OM					
	C. d'a	ans, if any, whic		R AS A CON	SEQUENCE C	OF							
	gave	rise to immediat	e / (b)										
1		a) stating the <u>under</u> juse last.	DUE TO, O	R AS A CONS	SEQUENCE C	OF.							
	BART 2 DINES	SIGNIFICANT CONDITION	(c)S CONTRIBUTING TO DEAT	U BUT NOT BELLE	TO TO THE TERM	INAL BISCASS	OR CONOUTINA	COVEN ON BARY					_
1		SIGNIFICANT CONDITION	S CONTRIBOTING TO DEAT	0 801 NOT RELAT	EO TO THE TERMI	INAL DISTASE	OK CONGITION	GITEN IN PAR	1 0.				
	19a. DATE C	FOPERATION	19b. CONE	OITION FOR V	VHICH OPER	ATION WA	S PERFOR	MED?			20	AUTOPSY	?
												YESXXX	NO
1		IAL CAUSE WAS	21b. TIME (OF INJURY M. MONTH	DAY VEAD		W INJURY	OCCURRED	ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)		
	UNDERLYIN CONTRIBUT	G OR	DEATH P.	M. MONTH	T9								
	21d INJURY	OCCURRED		OF INJURY		21f LOC	ATION		CITY OR	IOWN	COUNTY		S
1	AT WORK	NOT WHILE AT WORK						31-2	21				
	6 6 3 5 5 5		rge of the remains d	erflowd Apor	e, held an	Autopsy	XX	Inspection	, Inqui	ry . on	d in my apinian		
	death resu	/ 6	ural causes ,	Vacality		icide	Hamic		Undetermined				
	V 000 1110	100	Catalal.	Hha	Mh)	111	TITLE (S						
1	SIGNATURE	144	Monday	Um	yori	·Vyhi	Assi	stant	MEDICAL EX	AMINER	SIGNED_1	0-20-	84
1	EXAMINER'	S NAME -		1, 1								03.00	,
1	(TYPE OR PR	INT) De	nnis F. S				DDRESS_		enn St.		., Md.	2120]
ш	(SPECIFY)	ATION, REMOVAL			AME OF CEM				23d LOCATION		COUNTY		ATE
	Burial		10-23-84	+ La	ake Vie	ew Mei	m. Pa	rk	Sykesv	ille (Carroll	Mary	71a
		CTOP	10 20 0					250 DATE DE	C'D BY DECIST		STRAP'S SIGNITA	ATLIDE	
2.	FUNERAL DIRE		Home, Inc	**	2:	1229		250. DATE RE	C'D. BY REGIST	RAR 256 REGI	STRAR'S SIGN		

Allan

08 83 1 Male White 06 Maryland

Maryland Baltimore Catonsville

U.S.A.

A/N

x 9 Winters Lane, 21228

A\M

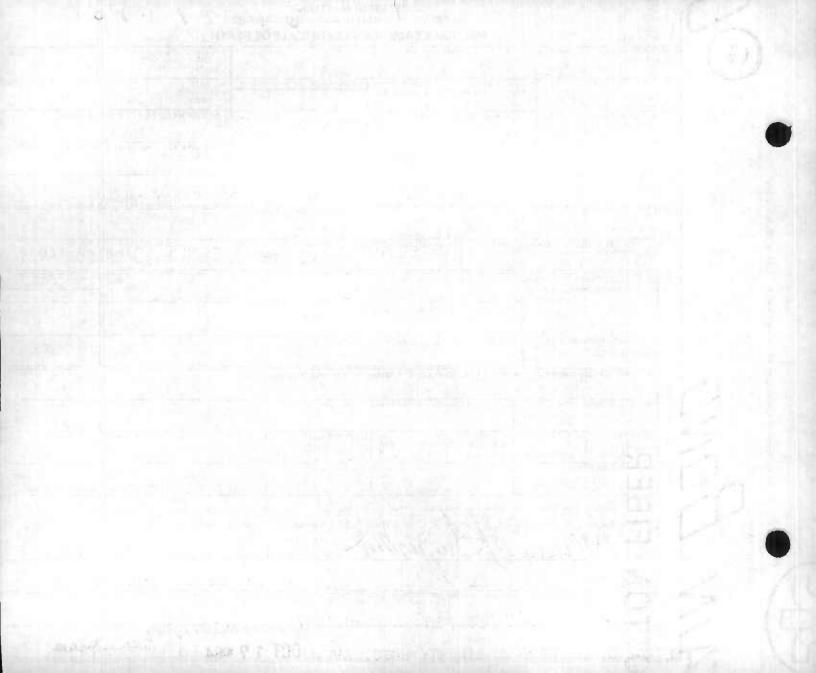
Nancy J. Phoebus

21228 217-04-6486 Mr. & Mrs. Allen Phoebus 605 Olesmont Rd.

John

Howe

41.	FOR		D	EPARTMENT O	ATE OF MAK F HEALTH AN	ND MENTAL	YGIENE 2	701	0 6	
	- STATE REGISTR	AR		ICAL EXAMI			F DEATH	REG. NO.	All the second	
	DECEASED			WIDDLE	LAST		OI.	ESTI- NA	ONTH DAY YEAR	
4	CEV	Kevi MARACE	15. DATE OF BIRTH	M. I6. AGE IN	HOWE			MATED	10-14 1984	
X P	MALE	BLACK	10 17	YEAR LAST-PATE		DAYS HOURS	MIN PRONOU!	NCED	10-14 1984	
REST(BIRTHPLAC	E (STATE OR	76 CITIZEN OF WH	AT COUNTRY?	8. MARRIED	☐ NEVER MARR	IED X1	_	OUNTY OF DEATH	
₹50B	ALTO.	MD. OWN OF DEATH	USA	PITAL, NURSING HO	WIDOWED		TI20 USUAL OCCU	imore Ci		BUSINESS
00	Balti	more	3900 bl	k. Belvier	u Avenue		FOR MOST OF WO		OR INDU	STRY
	a STATE	NCE (IF IN NURSING HOME)		13c. CITY OR TOWN	1 13d	INSIDE CITY LIMITS?	13e STREET ADDR	ARRISOI	N AVE.	215
1	MD.	NAME	MIDDLE	LAST		MOTHER'S MAID	EN NAME	MIDDLE	LAST	
	WALLA	CE	How		P	LICE				
		EASED EVER IN U.S. AR		16b. SOCIAL SECUR	RITY NO. 17	INFORMANT	WELL 286	9 W. G.	ARRISON	AVE.
=	18 CA	JSE OF DEATH (Enter or	nly ane couse per line	for (a), (b), and (c).)						AATE INTERVAL NSET AND DEATH
	PAR	RT I DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) GU	nshot Wou		lead	(unspeci	fied)		
	Co	nditions, if any, which		AS A CONSEQUENC	E OF				0.1	
	ga	ve rise to immediate use (a) stating the under	(b)	AS A CONSEQUENC	F OF					
1		ng couse last.	(6)	AO A CONSEQUENC						
		THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE T	ERMINAL DISEASE DR	CONDITION GIVEN IN P	ART 1 (a).			
1	MEDICAL CERTIFICATION TO DEST TO DEST	TE OF OPERATION	19b. CONDIT	ION FOR WHICH OF	PERATION WAS I	PERFORMED?			2D AUTOP	SY?
١	IFIC								YESX	X NO [
1	2 la EX	TERNAL CAUSE WAS	21b TIME OF HOUR XX	INJURY MONTH DAY YE	21c. HOW	INJURY OCCURR	ED (ENTER NATURE OF II	NJURY IN ITEM TO PART	OR PART 2)	
1	S UNDER	IBUTING CAUSE OF	DEATH 5: 44 P.M.	10-14 198	34 subj	ect was	shot			
1	21d IN.	NOT WHILE		ORY, FARM, ETC.)	STREE	7	CITY OR TO		COUNTY	STATE
1	AT WC	ORK AT WORK	st st	reet			lvieu Ave.	,Baltim	ore, Mary	land
1	220.	I certify that took char	ge of the remains des	cribed above, held or	Autopsy 2				n my opinian	
	death	resulted from: Natu	oral causes	Accident .	Spicide .	Hamicide XX	Undetermined n	nanner		
1	ACTUA SIGNA	THE VEUL	my 12	mysty		TITLE (SPECIFY) Assistant	MEDICAL EXA	MINER	DATE 10-	14-84
5	-		nia II C	- N D	741, D.		Penn Stree			1201
4	(TYPE C	OR PRINT) DELL	nis F. Smy	th, M.D.	CEMETERY OR C	DKE33		er, barto		
1	(SPECIFY)	RIAL	10/18/84			CEN4	23d. LOCATION CITY OR TOWN		COUNTY	STATE
1	4 FUNERAL	DIRECTOR	ADDRESS		ODUKIN I	CEM 250. DATE	REC BALLETOR	#1		
1	LEROY	O. DYETI	1.000	BERTY HG	TS. AV	E, OCT	171984	Jain	don-Mandel	d.
-										

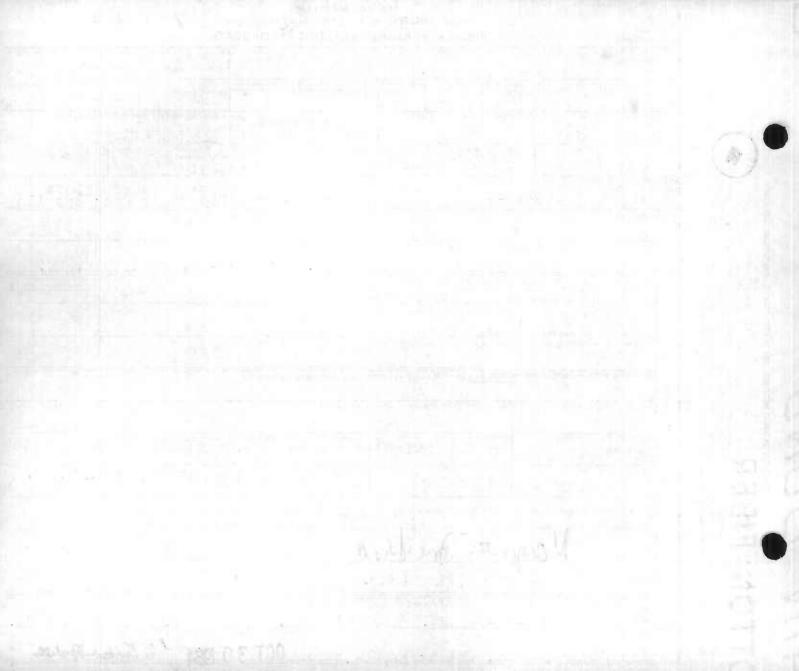


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Alchert La significant 25215 AM offer month insport uduses

S 5 2 8 F 04/06070721 S2S2 BELEVEDERE AVE 10/02/84 SUNSHINE HUDGINS REVA . The wife store of the second store of the se

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWNXX MONTH DAY 7h HOLIR (TYPE OR PRINT) DEATH MATED 10-25-84 HUDSON SARAH 2d HOUR 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOLINCED DEAD 7:15P Female White 26 70 1 3 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY USA Pennsylvania DIVORCED Baltimore City WIDOWED 12a USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS ENOT IN SUCH FACILITY GIVE STREET ADDRESS 1 a 1 Baltimore Student AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ILL COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS RESS Road 21074 Upper Beckleysvile 13c. CITY OR TOWN Baltimore Hampstead 18715 Maryland 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Hudson Chesnic 7ell Mary 17. INFORMANT ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO. OR UNKNOWN) Mr. Zell Hudson, Hampstead, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thoracic trauma A BURIAL - INC.... H AND MENTAL HYGIEINE H AND OR REMOVAL. IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN USED AS A B CERTIFICATION HOULD BE USED A 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X X NO 🗌 thrown from a cart pulled by a pony 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY UNDERLYING CONTRIBUTING | CAUSE OF DEATH 18715 Upper Beckleysville Rd. Balto.Co., Md. 21e PLACE OF INJURY 35 AT WORK AT WHILE "Vard (rear) PAGE 4 SHOUID BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WHE STATE D BALTIMORE, MA Autopsy XX 22a. I certify that I took charge of the remains described above, held on Inspection and in my apinion Accident X Suicide Hamicide Undetermined manner 10-26-84 ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 111 Penn STreet Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY Burial 10-30-84 Patrick's Cem, Washington Pa. Canonsburg BP. 24 FUNERAL DIRECTOR **DHMH - 17** This Davidson (VR A15 ME (5) Eline Funeral Home, Hampstead 20M 4/82



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 4/83

(VRA 15, 4)

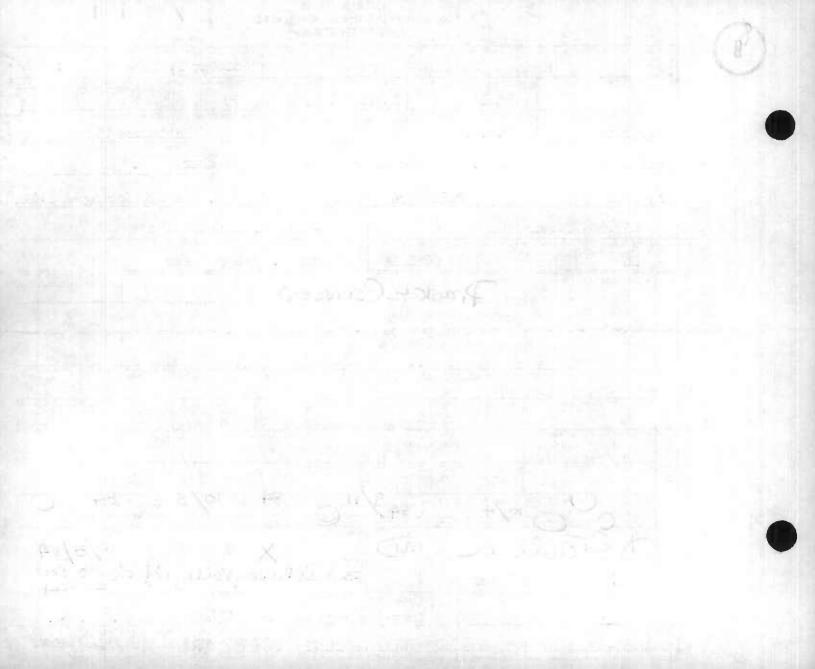
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and the state of t	eo fuil		
wast patients maken BVC ma			

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH - STATE

1	REGISTRAR			421(11)	TEATE OF BEATH	REG.	NO.			
	ECEASED NAME FIRST		MIDDLE	,	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOU	R
		arry	Swanson	Hun	ne	October	5, 198	4	6:10	0 A
3. S	EX	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST		IF UNDER I YEAR		
	Male	White		Apri	11 11, 1905	79	YRS.	MONTHS DAYS	HOURS	MIN.
7o. E	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY		OFDEATH		
_	Virginia	U.S.		WIDOW	ED DIVORCED	E	altimo	re City	1	MD.
	CITY OR TOWN OF DEATH Baltimore	1401 W	Old Col	d Spr	or other institution	(TYPE OF WORK FOR MOS		12b. KIND (INDUSTRY	OF BUSINE	SS OR
M	UAL RESIDENCE (IF NURSING HOME OF STATE 13b. COL aryland	OR OTHER INSTITUTION JNTY	136. CITY OR TOW Baltimo	N	YES 🔀 NO 🗌	13e STREET ADDRESS	d Cold	Spring	Ln 2:	 1211
	William Thom		ŁAST		Annie B	elle Colem	an	ŁA:	5T	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT		RESS			
	(YES NO OR UNKNOWN) (IF YES G		577 07 6	111	Frances S.	Hume s	ame			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe	line for (a), (b), and	d (c)) -			APPROX BETWEEN	ONSET AND	VAL DEATH
13		ATE CAUSE (o)	Prostu	K	ancer					
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	underlying couse lost.	DOE TO, O	R AS A CONSEQUE	NCE OF						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	E ATH BUT	NOT BELATED TO THE TERM	IN AL DISEASE OR CO	NDITION OF	(ENLINI DADE)		
N N					The state of the s	TAL DISEASE ON CO	VEHICIV GIV	LIA HA PAKT II	d	
CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES	, WERE FINDI	NGS USED	
TIFI						YES NO	IN CERTIF	YING CAUSES	OF DEATI	
7 8	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 P	PART I OR PART 2)		,
¥	OR CONTRIBUTING CAUSE OF DI			19	1,000					
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION					
Z	WHILE NOT WHILE AT WORK	(AT HOME, STE	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR	OWN	COUNTY	51	TATE
	220.1 certify that (I) (his hosp	oital) attended th	e deceased from	9	10 84	to 10/	5	10 84	that (1) (u	to de las
	sow the leceased alive of	10/4	19	84/	nd that i (my) our) opinion d	enth occurred on the	date and hou	r and from the	couses sto	ted
	77h 5/G9/A1729	of view the body	other death.		DEGREE			22¢ DATE	SIGNED	
	DX KIA.	Dene	N	W	ATTENDING PHYSICIAN	MEDICAL ST.	AFF	10/	100	ZL.
	226 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	DIRECTOR PHIS	P /	10-01-	10	1
	Dr. Kendall	Faulkner	c		2300 War	ley Valle	1 FOY	DEMA	300	7
23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	<u> </u>			-
	Burial	10/05	/84 Lo	rrain	ne Park Cemeter	ry Woodla	wn Bal	to. Co.	Md.	ATE
	UNERAL DIRECTOR		14-15-4		25a DATE	REC'D. BY REGISTRA				
I	Burgee-Henss Fu	neral Ho	me 3631° F	alls	Rd 21211 0C	T 8 1984	- Guna 1	Davidson-1	gandel	2



DEPARTMENT OF HEALTH AND MENTALHYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAP REG. NO I. DECEASED NAME KNOWNY 2a. DATE MONTH 2h. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED **JOHN** HYMAN 10 19 84 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR AGE (IN YEARS 2d. HOUR IF UNDER 24 HRS. DATE YEAR LAST BIRTHDAY) PRONOUNCED 12:17 DEAD MALE APR 10 1949

The Citizen of What Country 10 1984 BLACK TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY SOUTH CAROLINA WIDOWED DIVORCED Baltimore City US of A D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY RETAIN PA Baltimore University Hospital UNEMPLOYED 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE 2122 N. SMALLWOOD ST. 21216 AND 2 SI 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST MIDDLE JOHN G. HYMAN MYRTLE BELIN FORM F 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7 INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) HE YES GIVE WAR OR DATES NO 249 84 9484 2045 W. NORTH AVE. 21217 MR. ROY BELTN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE, I, CREMATION, OR REMOVAL. Gunshot wounds to head and chest (unspecified weapon) IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 4 I CERTIFICATION **USED AS** 19g, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HIS YES XT NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD I HOUR XXX MONTH DAY UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 11:32.M. 10-2-19 84 Subject was shot. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK AT WORK STATE COUNTY STREET 1901 Clifton Ave. Md Balto. 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry Hamicide X death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL 10-3-84 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR STATE BURTAL 10/7/84 PAMPLIC MILLBRANCH A M E CEM. (FLORENCE) BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** una runicon-Handste 4517 PARK HEIGHTS LEWIS T. GWYNN (VR A15 ME (5)) 20M 4/82

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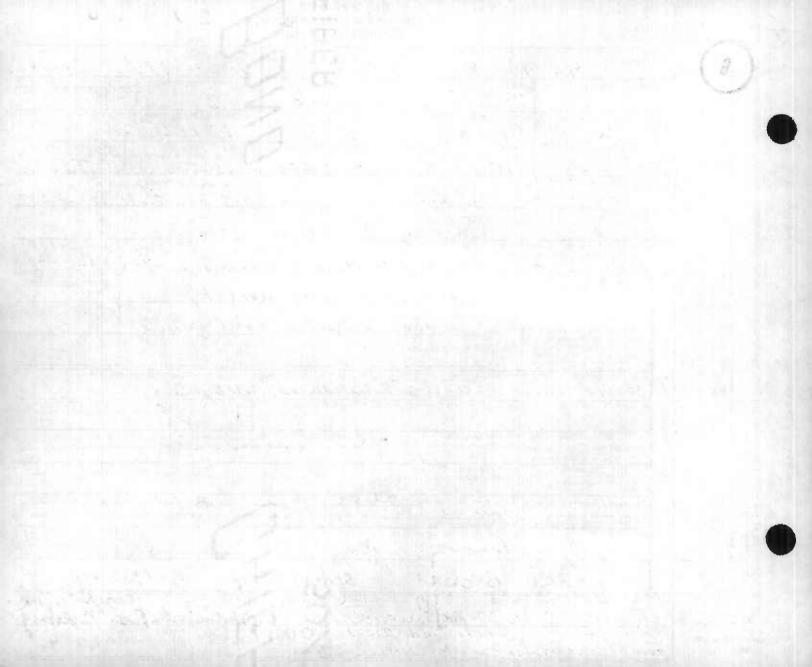
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ATTE Spirit Spirit d for d for m 21		above, (1) (we) (did) (did not)	view the body after death.	ond that in (my) (our) opinio	in death occurred on the date and ha	or and from the causes state
		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
OR Dep		0 6	111 .	MS) ATTENDING	MEDICAL STAFF	
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VER SPIT	1	224 PHYSICIAN'S NAME (TYPE OR	PRINT	22e ADDRESS		
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BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	EXAMINER'S (TYPE OR PRI	NAME Mar		Korell, M.		ADDRESS 1	123d LOG	Street		
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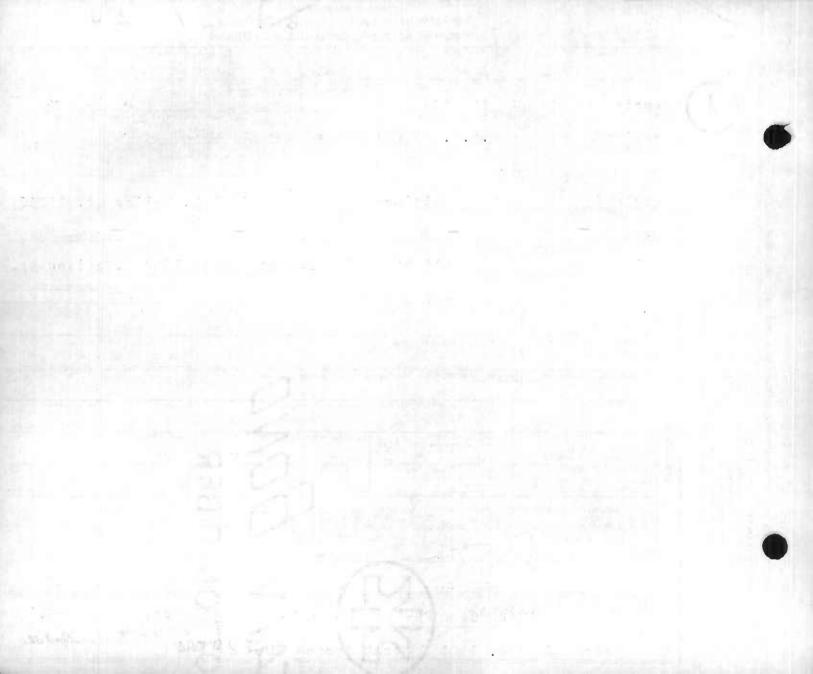
Henover county, Erginia



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_ 15 0 0 F 1		sow the deceased alive an above, (1) (we) (did not	10/24 19	ond that in (my) (our) opinion	death occurred on the date and hour	and from the causes stated
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OR to be horded Dept them		226. SIGNATURE	1.	DEGREE	HOLDER PLANTS OF THE STATE OF	22c. DATE SIGNED
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CERTIFICATION	PART 2 OTNER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELA	ITED TO THE TERMI	NAL OISEASE (Tig'				[2]	D AUTOPS)	Y?
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	death results	AW	ge of the remoii	ns described obc	(TT)		Homicide TITLE (SPE	CIFY)	Undeter	Inquiry mined mo	anner [and in m], DA	ATE	10-2	4-84
+	EXAMINER'S	Ann		on, M.D	NAME OF CEM		DDITEGG	111 F	enn		Bal	to.,	Md.	2120	01
	BURIAL		10/29	Autority .	ount A		n Cen	n,	Ba	litii	more	,	COUNTY		STATE .
24:3	FUNERAL DIREC	TOR	-				250	DATE RE	C'D. BY R	EGISTRA	R 25b. R	STRAP	F6 SIGN	ATURE Jane	2.00



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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

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	REG. N	Ю.			
2a. DAT	E OF DEATH	MONTH	OAY	YEAR	2b. HOUR
(October	24,	198	4	8:45P
6 AGE	I IN YEARS LAST BE	RIHOAY)	IF UN	OER I YEAR	IF UNDER 24 HRS

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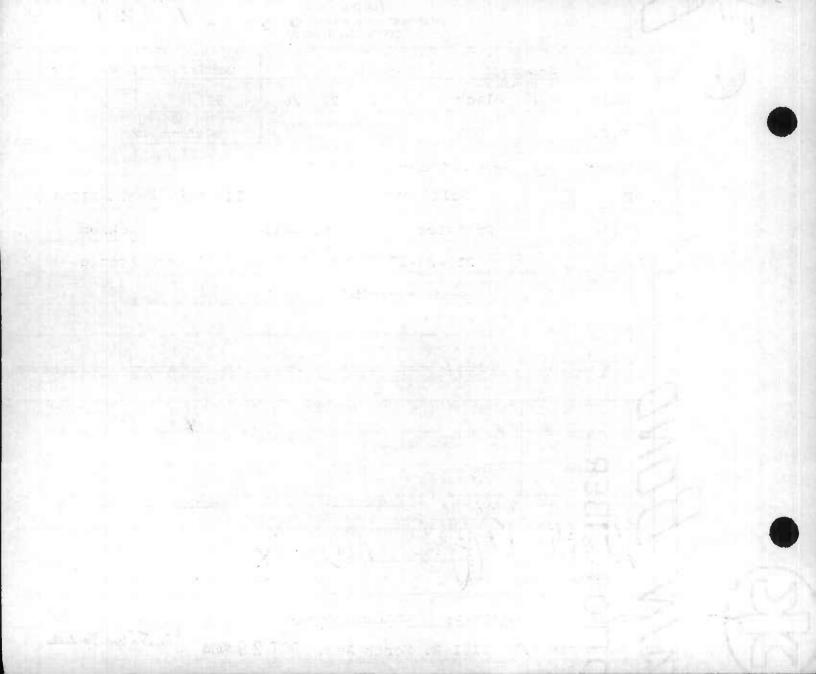
TO FUNERAL DIRECTOR: After

DHMH - 16 50M 4/83 (VRA 15, 4)

		REGISTRAR								REG. NO.					
Н		CEASED NAME	FIRST	^	MIDDLE		LAST		2a. DATE OF	DEATH MO	HINC	DAY	YEAR	2b. HOUR	
	TITPE	OR PRINT)	Sto	newall		Jacks	on		Oct	ober 2	24,	1984		8:45	5P _M
	3. SE)	K		4 RACE			OF BIRTH		6 AGE INY	EARS LAST BIRTHO	JAY)	IF UNDER		IF UNDER 24	
	1	Male	TE S	Bla	ck	MONI 2	27	26	5	8	YRS.	MONTHS	DAYS	HOURS	MIN.
		RTHPLACE STATE OR F	OREIGN	b. CITIZEN OF	WHAT COUNT	TRY? 8	NEVER /	AADDIED []	9 BALTIMO	RE CITY OR	COUNT	Y OF DEA	ATH		
7	,	S.C.		U	SA	WIDOW		VORCED	Ba	ltimor	ce C	ity			MD.
8		TY OR TOWN OF DEA Baltimore	TH		H FACILITY, GIVE S					OCCUPATION K FOR MOST OF W			KIND O	F BUSINES	SOR
-	"USU/	AL RESIDENCE LIF NURS	ING HOME OR				NO FE OU								
5	13a. S	MD	13b COUN	TY	Bailti	imore	13d. INSIDE C	NO 🗌	131 SIREEL	Park	AV	re.	21	201	
	14 FA	THER'S NAME		AIDDLE	1457			MAIDENNA		WIODIE					- 11
0		Ollie	,	Pr	eiste	r	Ro	scali	е			Tacks	soñ		
		VAS DECEASED EVER		AED FORCES?		SECURITY NO.	17 INFORMA			ADDRESS					
		YES NO OR UNKNOWN)	IN TES. GIVE	WAR OR DATES)	217-2	0-1704	Mary	Jacks	on 11	11 Pa	rk	Aver	nue		
		18 CAUSE OF DEAT	H (Enter onl)	v one couse per	line for (n) (h) and (c).)						D.	APPROXI	MATE INTERV	ÂL
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	BY: E CAUSE (0)	Acute	Muocar	dial In	farctio	on						
			IMMEDIATI							41111					
		C 12	6. 6	DUE TO, OI	R AS A CONSE	EQUENCE OF									
		Conditions, if ony, gave rise to imm	mediate	(b)	_										
		couse (a), statin underlying couse		DUE TO, OF	R AS A CONSE	EQUENCE OF									
	34	2.07.0.07.150.010		(c)		TO BE . THE BUI									
	Z	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	JNIKIBUTING	IO DEATH BU	I NOI KELAIEL	TO THE TERM	INAL DISEAS	E OR CONDI	HON G	MEN IN P	'ART He	3	
	CERTIFICATION	19a DATE OF OPERA	IION	19h CONDI	ITION FOR WE	HICH OPERATIO	N WAS PERFO	RAMED	120a AUTO	PSY?	20h JE Y	ES WERE	FINDIN	NGS USED	
)	FIC.	170 DATE OF OFERA	1014	I'M CONDI	INOIT OR TH	TICH OF ERATIO	ATT TO ASTERIO	MALD			IN CERT	TIFYING C	AUSES	OF DEATH	15
-	E		SERVING F	21b. TIME O	F INTUINV		I 21. HOW/IN	HIDY OCCUPS	YES	NOM		YES	/	NO [
7		OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	110110 4	M. MONTH	DAY YEAR	716 HOW IN	JURY OCCURE	KED (ENTERNA	TURE OF INJURY I	N ITEM 1B	PARTIOR P	*ART 2)		
7	MEDICAL	21d. INJURY OCCURE		21e. PLACE			211 LOCATIO	N							
	ME	WHIE NOT WE	TILE RK		REET, FACTORY, OF		STREET			CITY OR TOWN		COU	3.0	STA	
		22a.1 certify that sh	(this hospit	ol) oftended the	e deceased fro	om_Octo	ber 12	. 19 84	toO	ctober	24	., 19_8	4	that xh (we	e) lost
		saw the decease	ed alive an	VCLODE	otter death	19 84	nd that in ()	(our) opinion	death accurre	d on the date	ond he	our and fro	om the	couses state	ed
	38	27h SIGNATURI	11	10	68 8	//	DECREE	1	1			220	DATE	SIGNED	
		1/1/10	VVI	ly	mora	0		TTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIA	N				
1		724 HYSICIAN'S N	AME THE OF	mont	111		22e ADORES	S	7						
1	34	Walt	er Kol	ppel, M	VA.		C,	O Mary	land G	eneral	Hos	spita	11		
	230 B	BURIAL, CREMATION,	REMOVAL	23b. DATE		231 NAME OF	CEMETERY OR	REMATORY	23d LOCA	ATION		COUNT			7.5
		Burial		10/29	9/84	Garris	son Fo	rest v		inge.	Mi.			MD	II E

24 FUNERAL DIRECTOR 1101 E. North Ave. March F/H

OT 29 1984 REGISTRALITY RECEIVED S SIGNATURE OF THE PROPERTY O



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR IAST DECEASED NAME 2n DATE OF DEATH MONTH 26. HOUR TYPE OR PRINTS FRANK AUGUST **JACOBS** 10 4 RACE 5. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER I YEAR IF LINDER 24 HRS 95 09 MALE WHITE 88 To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland DIVORCED T BALTIMORE CITY WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR U.S. Goverment (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE VAMC, Loch Raven Maintance USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Baltimore 4807 Edmondson Avenue YES X NO T 21229 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE Ohms Jacobs George Agnes 60 WAS DECEASED EVER IN U.S. ARMED FORCES IAN SOCIAL SECURITY NO 17 INFORMANT ADDRESS 215 10 9233 Agnes Turner 531 Forest Lane 21228 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. Aspiration Pneumonia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF PULMONARY Embolus Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction couse (o), stoting underlying couse last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES T NO 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11FM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d IN JURY OCCUBRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN CHOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE AT WORK AT WORK 220 1 certify that (Xinhis hospital) attended the deceased from OCTOBER - 3 sow the decessed olive on CTAPTP 21 obote, (thewe) (did) (did not) way the body ofte death and that in (my (our) opinion death 22c DATE SIGNED DEGREE ATTENDING MEDICAL 10/22/84 PHYSICIAN DIRECTOR PHYSICIAN W 226 PHYSICIAN'S NAME (TYPE OF PHINT) 77e ADDRESS Elizabeth Rogers M.D. VAMC, Loch Raven 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY CITY OR TOWN Burial 10/24/84 Lorraine Park Woodlawn Baltimore Md.

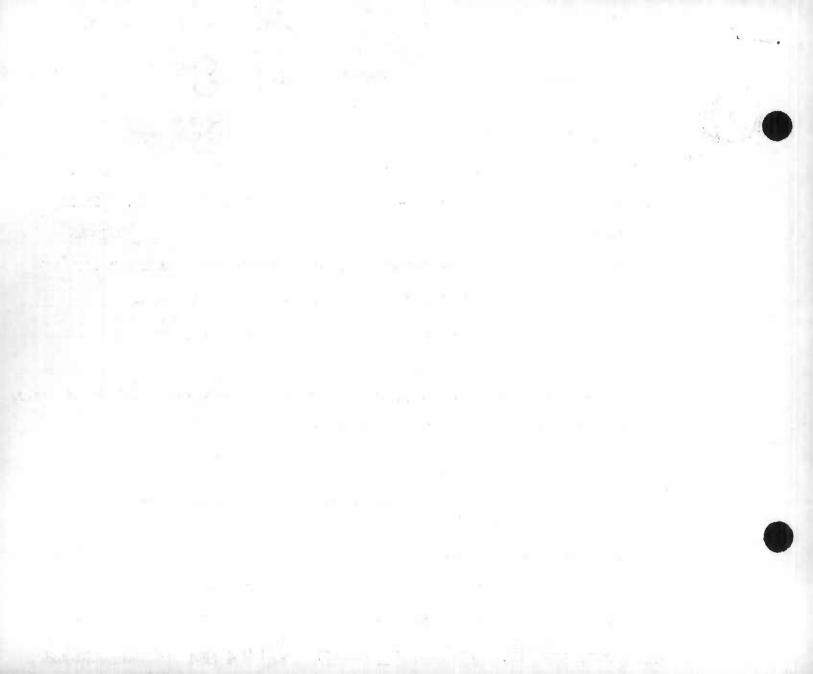
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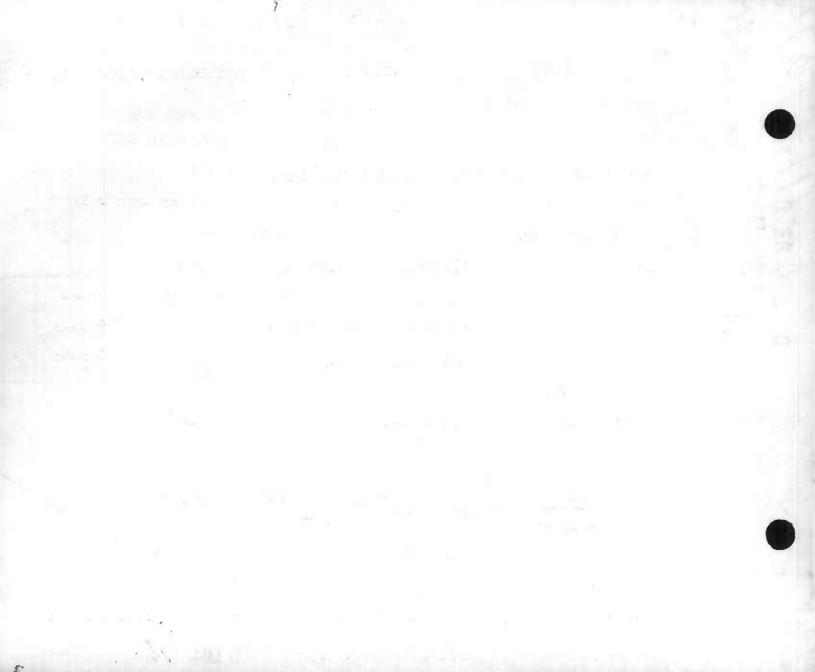
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

BY REGISTRABIS REGISTRAT'S SIGI

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

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	Mich propositional	TOWNS ST. S.		





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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be refouned by the hospital or oftending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furtering interesting the should be detached for use as the burial-transit permit. The please remove carbon papers. Pages Trand 2 should be filled within 7 hauring the action with the State Deat of Health and Mental Hyaine prior to burial, cremation, or removal.	1
r death. Po	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in by the further direction should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 7 hauring the should be detached for use as the burial-transit permit. The please remove carbonpapers. Pages I and 2 should be filed within 7 hauring the shorted best of Health and Memail Hygiene prior to burial, cremation, or removal.	32
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within 24	pletely fille and 2 should	Mine (The
oe executed	Poges No	medicole
certificate b	ng physicia banpapers removal.	c event, the
the death	the attendi remove car emotion, or	er traumati
quires that	signed by hen please a burial, cr	jury, or ath
he low red	has been it permit. I	no wo ony in
YSICIAN: T	certificate unal-trans	r Item 18 st
Or offend	Se as the beauth ond A	morkedo
TO HOSPITAL OR ATTENDING PHYSICIAN: The la	DIRECTOR ached for a	IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at the
HOSPITAL	FUNERAL Fuld be detable the state	ORTANT
0 5	548	<u>₹</u> —

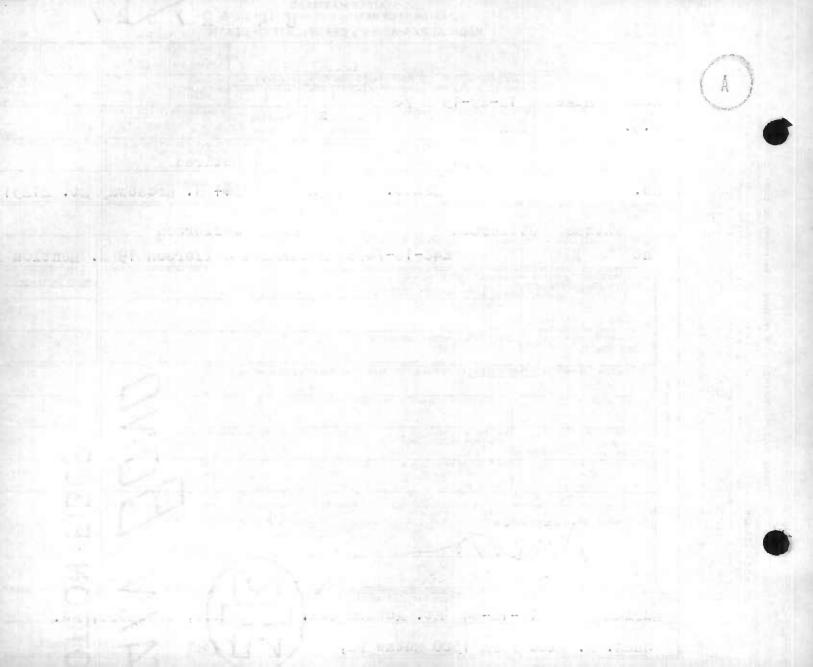
STATE OF MARYLAND FOR STATE

			ICATE OF DEATH	REG. No	0.
(TYP)	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
	EORPRINTI Don'thy	Tat	70.16		10/19/84 82 4
. SE	X II. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	
	P. L. DI.	MONT	H DAY YEAR	Bell	MONTHS DAYS HOURS MIN.
	remale Blace	00	10 08	76	YRS.
	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
		· A. WIDOW		Baltimore	
0 C		HOSPITAL, NURSING HOME (CH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI	
F		Hospital		Cook	Bickford's
JSU	AL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION	I, GIVE RESIDENCE BEFORE ADMISSION)		1	2451 Goldenriz
1	Maryland	Baltimore	13d INSIDE CITY LIMITS?	Lane Balto	ZIP CODE -
L F	ATHER'S NAME FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	LAST
	Augustus	Brown	Mary	THE CELL	Gross
	WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	2451 CoTO	spring Lane
(NO.	219-22-0397	Ruth Young		, Maryland 21215
	18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:	r line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CALICA	PART 2 OTHER SIGNIFICANT CONDITIONS C Decubitus Wices 190 DATE OF OPERATION 196 CONE	ONTRIBUTING TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
RTIFICATION	Derubitus Wiess 190 DATE OF OPERATION 196 CONE	Sacrum DITION FOR WHICH OPERATION	DN WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CERTIFICATION	19a DATE OF OPERATION 19b COND 21a, ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e, PLACE	Sacrum DITION FOR WHICH OPERATION	ON WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE NOTE OF T
	19a DATE OF OPERATION 19b COND 21a, ACCIDENT WAS UNDERLYING 10c CONTRIBUTING 10c CAUSE OF DEATH 11c CIFETINER NOTIFY MEDICAL EXAMINER 11c P. 21d. INJURY OCCURRED 21e PLACE 1AT HOME ST	DE INJURY .M. MONTH DAY YEAR .M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The deceosed from the deceosed fro	216. HOW INJURY OCCUR 211 LOCATION STREET	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO

DHMH - 16 50M 4/83 (VRA 15, 4)

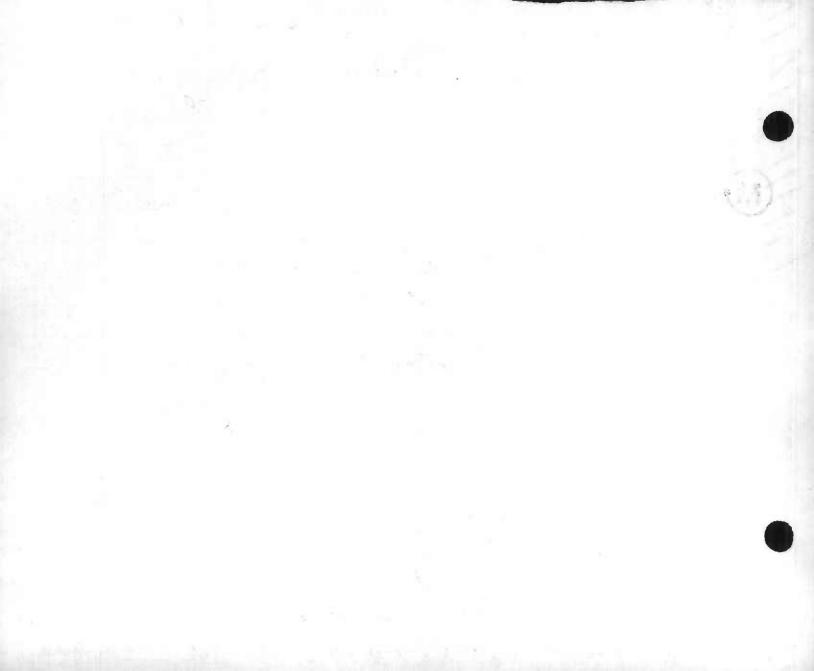
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		EASED NAME	FIRST		MIDDLE			LAST				KNOWN	MONTH	DAY	YEAR	2b. HOUR
			WILLIE	Ξ			JE	FFERS	ON		OF DEATH	ESTI- MATED	₩ 10	6	1984	M
	3. SEX		4. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER		2c. DATE	ICED	MONTH	DAY	YEAR	7d HOUR
	1	fale	Black	12-29-		70 YR	· Mortin	DAYS	HOURS	MIN.	PRONOUN DEAD	ICED	10	6	1984	12:23 a M
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4	A	EIGH COUNTRY)		USA		400	WIDOW		DIVORCI	-	Balt	imore	City	7		AAD
	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FA			OR OTH	ER INSTITU	TION	12a. USI	MALOCCUP MOST OF WORK	ATION IT		12b KI	IND OF BU	
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	13a. S	rd.	13b COUN			ariown		13d. INSIDE CI YES	NO [13e. ST	ADDRE	ss Bro	adwa	y S	st. 2	1231
Ť	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE			IDDLF				
3			omas	Jefferso	n	1491		P	Baby	Te	ffer				LAST	
1	16a. V	AS DECEASE	DEVER IN U.S. ARA		16b. SO	CIAL SECURITY		17 INFORA	TAAN			ADDRES				
ı	1.	no or unkno	(# 165, GIVE	WAR OR DATES)	248	3-16-7	076	Nat	hani	el j	effe	rson	1 19	N.	Bent	lou ;
		Condition		DUE TO, OR	erte: AS A COM		F	erios	clero	tic	cardio	ovasc	ular	OFT	APPROXIMATE WEEN ONSE CASE	AND DEATH
	7	PART 2 OTNER SIG		(c)CONTRIBUTING 10 OFATN	BUT NOT RELA	ATEO TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PAR	BT 1 (a).						
5	CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFOR	MED?			-	-	20 /	AUTOPSY:	,
	TIFIC	23.00													YES 🔲	NO X
	7	UNDERLYING	CAUSE WAS OR OG CAUSE OF C	21b. TIME OF HOUR A.M DEATH P.M	MONTH	DAY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTERP	NATURE OF INJU	URY IN ITEM 1	18 PART I OR P			
	MEDIC	21d. INJURY C WHILE AT WORK	NOT WHILE C	21e PLACE C STREET, FACT				CATION			CITY OR TOW	VN	C	YINUC	gra	STATE
		22a I certif death resulte ACTUAL 51GNATURE	,	al causes X,	Accident		Autop:	Hamic TITLE (SI	PECIFY)	Undet	Inquiry	nner 🗌	DATE	1	0-6-8	34
4		EXAMINER'S (TYPE OR PRIN	AIIII	M. Dixon,				ADDRESS 1		nn S	t., B		, Md.	2.	1201	
23	(S	PECIFY)	ION, REMOVAL 2			NAME OF CEM			ORY	CITY	CATION	- 77	COL	YTAL	ST	ATE
		NERAL DIREC		10-12-84	Mt	· Aub	ırn	Cem.	26 a D 1 77		lto,	Wes	tpor	t.	Md.	
	Z4 7 L	NAME		ADDRESS	700		- T		250. DATE R	EC'D. 8Y	REGISTRA	10	GISTRAR'S			
		chas.	A. KIC	e FSPA 1	200	Eutaw	PI,		UU		1384	June	a David	001/-/	Junas	40



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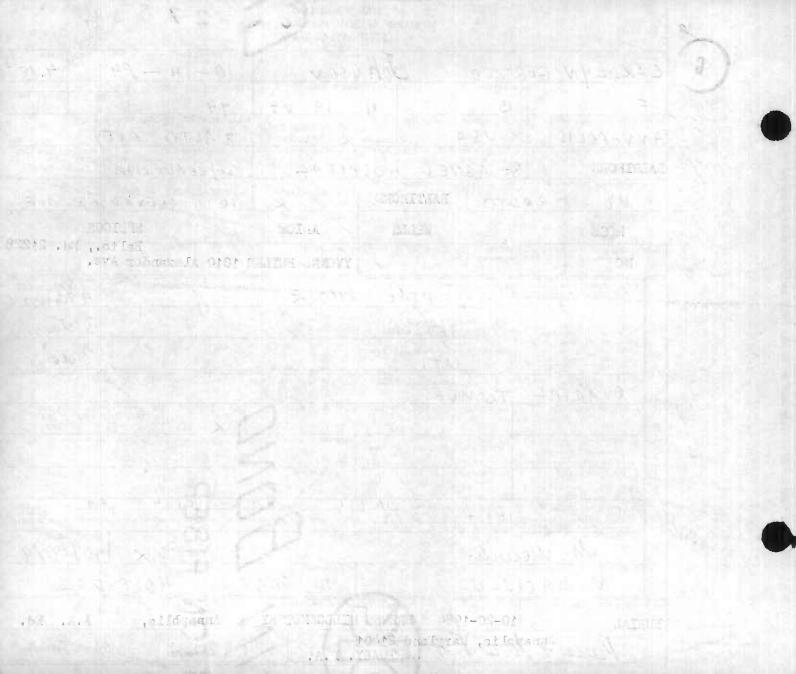
B	FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		0 2 9	
e 5 4	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	Tout to	26. DATE OF DEATH	MONTH DAY YEAR 76. H	HOUR
4 may be or, page 3 offer death	3 SEX /	B.	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BI	, ,	NDER 24 HRS
Page directs haurs of	TO BIRTHPLACE ISTATE OF FOREIGN	Black 76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY	YRS. DR COUNTY OF DEATH	
thritton and and and and and and and and and an	10 CITY OR TOWN OF DEATH	U-S-A.	WIDOWED DIVORC	ED D Baltin	City.	MD.
1 13	Baltimore	(IF NOT IN SUGH FACILITY, GIVE STRE		(TYPE OF WORK FOR MOST		5114E33 OK
(M) 85	USUAL RESIDENCE (# NURSING HOME 130. STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 13c. CITY OR TO				226
d with	14 FATHER'S NAME	MIDDLE Black	15. MOTHER'S MAII		Vactor	
and con oges 1 g	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) Unknown	ARMED FORCES? 166 SOCIAL SEC	The state of the s	ADDR		
physican on adpert, encoral	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE	only one couse per line for (a), (b), c SED BY: IATE CAUSE (a)		aust	APPROXIMATE BETWEEN ONSET	
is that the death and the death and by the attended lease remove controls, cremation, or an arrest or attent and the straumotics.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	cerdial Infe	ascular Dise	46	
been signed mit. Then plo prior to buria		T CONDITIONS CONTRIBUTING TO			1206. IF YES, WERE FINDINGS U	1055
Ni. The law hysicion. icote hos be ronsit permit Hygiene prin	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	YES NO	IN CERTIFYING CAUSES OF D	DEATH?
		DEATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 ORPART 2)	
NDING PHYSICIA of or affending p R: After this certifuse as the burial- use as the burial- dealth and Mental is marked or Item	THE STATE OF CONTRIBUTING CAUSE OF E	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC 211 LOCATION STREET	CITY OR TO	VINUO) NWC	STATE
21 Pute	22a.1 certify that (1) (this has	spital attended the deceased from on 26 19 not) view the body after death.	1211	apinion death occurred on the d	26, 19 F.Y., that (late and haur and from the cause	(I) (we) last
Al OR ATTE the hospitor al DIRECTO letoched for ste Dept. of It if Hern 21	276. SIGNATURE) Pound 1	da' wid ATTEN PHYSI	DING MEDICAL STA		1ED 184
TO HOSPITAL retained by th TO FUNERAL should be deter with the State	221. PHYSICIAN'S NAME ITY	J. Acevedo Vi	14° 3001	5. Hower	St. Balhune	. Ad.
PP	230. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREM. Cedar Hill Cen	CITY OR TOWN	rundel Co,	Md.



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(VRA 15, 4)

John W Jonathas 7 15 80 1 Burgasse Corr LOWELLAND E CHANGE OF PROGRESS INDUSTRY REPORTED IN Become the first the second of Colomby Traines Sound Bolly E. 217476-1016 | CLEEVE TO SEEVE . C. 100 216 | Dung thing 16. CARABOULDEADACK COLLAPSE I HICK CARLOTT FRANKFRANTATION an with the comment 48-11-01 X E I have I to stand thousand of Marcinio or and fresh a compatible of the state of th ALL STREET



completely filled in by the funeral director, page 3 fond 2 should be filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detacked for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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certificate be

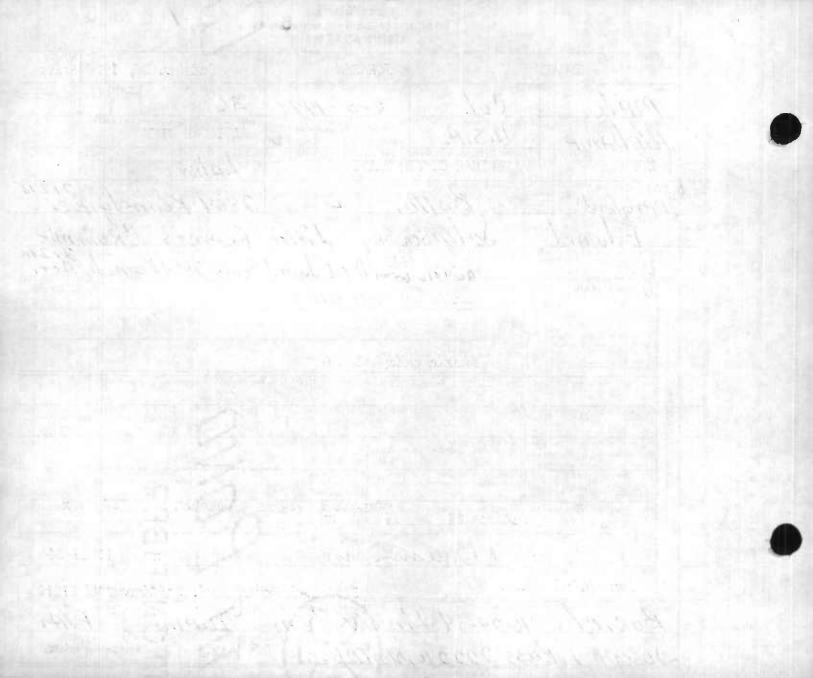
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OR ATTENDING PHYSICIAN: The te hospital or attending physician.

TO HOSPITAL OR ATTEN

BP_____ DHMH - 16 50M 4/ (VRA 15, 4)

	1-	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. N		3	
		CEASED NAME FIRST EDWART	MIDDLE	JOHNSON	20. DATE OF DEATH	ber 24, 1		в ноиг 3:29р м
	3. SE)	male	Co/.	5 DATE OF BIRTH MONTH 8-5-194	6. AGE (IN YEARS LAST BIR	YRS.	DAYS	F UNDER 24 HRS HOURS MIN.
540	Zu. 110	STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY O		EATH	MD
23		ITY OR TOWN OF DEATH		TEREBALTIMRE MD	12a USUAL OCCUPATION OF YORK FOR AGST OF A DITY	ON DE WORKING LIFE 12b	NIND OF B DUSTRY	BUSINESS OR
	130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) 13d INSIDE CITY LIMITS YES A NO	5? 13. STREET ADDRESS	ZIP CODE	1 1	21218
	14. FA	THER'S NAME FIRST	MIDDLE SUMMS	on SR SR	PAME MIDDLE	es Ck	um.	mie
medico		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 265 76		rd Septu 280	54 Kenn	edu	21218
vent, the		PART I. DEATH WAS CAUSE	ly one couse per line for (0), (b), o D BY: CE CAUSE (0)	pulmonary arrest		-	APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
njury, or other troumotic	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((0)	UENCE OF UENCE OF COCOPHALOPATHY DEATH BUT NOT RELATED TO THE T	terminal disease or con	DITION GIVEN IN	PART 110	
Kuo smo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	
E 3 18 53		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I O	R PART 2)	
rked or it	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TO	WN CO	OUNTY	STATE
21 is ma		sow the deceased alive an	tol) ottended the deceosed from October 24 19	September 9, 1984 84, and that in (X) (our) april				uses stated
T. H		22b. SIGNATURE 22d. PHYSICIAN'S NAME LIVE OF	e a Qu	DEGREE ATTENDIN PHYSICIA		FF	10-25	
MPORTAN		Jane A. Quinn	- <u></u>	3900 Loch	Raven Blud. 1	3altimore	2 Md 2	21218
	K	SURIAL, CREMATION, REMOVAL	10-29-84 L	NAME OF CEMETERY OR CHEMATO	n Thing	mi cour	F	1/2 TATE
83	24 Ft	NERAL DIRECTOR	ADDRESS ADDRESS		CT 3 1 1084	206 REGISTRAR'S		





1		FOR STATE REGISTRAR	DEPARIA	CERTIFICATE OF DEATH REG. NO.		
1		CEASED NAME FIRST	GE L.	JOHNSON	20 DATE OF DEATH MONTH	24 84 1:
1	1 SE	M	4. RACE	5. DATE OF BIRTH MONTH TO DAY YEAR 19		FUNDER LYEAR IF UP
1	1	PA PA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
38		HTIMORE /	(IF NOT IN SUCH FACILITY, GIVE STREET	1. N HACIPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE RETIRED C	12b. KIND OF BUS
35			OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 136 CITY OR TOW		130 STREET ADDRESS / ZIP CODE	
92	1	HARRY	JOHNSE TOHNSE		MIDDLE	MILL
2		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) { IF YES, GIVE	WED FORCES? 166 SOCIAL SECU WAR OR DATES) 186-05	4	T REGISTRATION	RECOI
event, th		PART 1. DEATH WAS CAUSED	y one couse per line for 11, 161 and 284; E CAUSE (a)	whage Copen	tive (dwary thora	APPROXIMATE BETWEEN ONSET
or other traumon.		Conditions, if any, which gave rise to immediate couse lot, stating the underlying couse lost		ENCE OF TOND. biopsies of mass peace		4)
o prior to by	IFICATION	EMPLEMA THE DATE OF OPERATION	chroma obstr. f	DEATH BUT NOT RELATED TO THE TER WITH disease); A OPERATION WAS PERFORMED AUMUS	upertension (li	west induces in
100	CERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	ZIL HOW INJURY OCCO	RED / ENTER NATURE OF INJURY IN ITEM TO P	ART I OR PART 2)
9	PIN	OR CONTRIBUTING CAUSE OF DEA		19 buspay 10	2 tissue diagnos	is
And or her I	MEDICAL			19 PH LOCATION	CITY OR TOWN	COUNTY
or Health and Martial Is	PIN	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	P.M. 71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 711 LOCATION TARM, ETC.) 711 LOCATION 19 80	0	COUNTY
ANT, if hern 21 is marked or hern 11	PIN	(IF ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOT WHITE ALWORK AT WORK Sow the deceased olive on obove, (I) (we) (did) (did got	P.M. 71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 7H LOCATION ARM, ETC.) 7H LOCATION 19 9 19 9 19 19 19 10 19 10 19 10 10	CITY OR TOWN	COUNTY 19 8 4, that r and from the cause 22c DATE SIGN 10/21
WADORTANT, It less 21 is morked or light.	MEDICAL	IF ETHER NOTIFY MEDICAL EXAMINER, 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK 12a. I certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did got on the deceased of the one of the deceased of the decease of the de	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F al) ottended the deceased from (A) 220 19 19 19 19 19 19 19 19 19 1	19 PARM, ETC.) 711 LOCATION 19 19 19 19 19 19 19 19 19 19 19 19 19	CITY OR TOWN	COUNTY 19 4, that or and from the cause

THE AND DESIGN AS A SECOND FOR THE FACT 312 LAI 14 the state of the s And the second s Contract of the contract of the state of the The property of the same of th A service of the serv constitute contract contraction contraction

	1 -	FOR STATE REGISTRAR		DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTADHY HICATE OF DEATH	GÍENE 2 7	0 3 6
		CEASED NAME FIRST	EPH	J	NOZNHG	20. DATE OF DEATH	10 - 21 - 84 2 25 M
)		MALE.	1. RACE 1. B. CITIZEN OF V	ACK 18	13 37	6. AGE (IN YEARS LAST BIRT 9. BALTIMORE CITY OF	MONTHS DAYS HOURS MIN.
35		TY OR TOWN OF DEATH				Baltimore	ON 126 KIND OF BUSINESS OR
10 st be 1	ÚSU/ 13a. S		Luther	ran Hospital GIVE RESIDENCE BEFORE ADMISSION) 13(. CITY OR TOWN	13d. INSIDE CITY LIMITS?		2955 Brighton Street
Kaminer m	14. FA	Maryland ATHER'S NAME FIRST Otis	WIDDLE	Baltimore Johnson	YES X NO 15. MOTHER'S MAIDEN NO FIRST Virgie		Maryland 21216 Yancy
medicole		VAS DECEASED EVER IN U.S	S. ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 217-34-4867	17. INFORMANT Virgie Johns		fighton Street re, Maryland 21216
or ather traumotic event		Conditions, if any, whice gave rise to immediate couse (a), stating the underlying cause los	DUE TO, OF	R AS A CONSEQUENCE OF			
Ows ony injury.	CERTIFICATION		shue he	DNTRIBUTING TO DEATH BU LAZE FAILURE ITION FOR WHICH OPERATIO	. Cardiog	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
marked ar Nem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF THE EITHER, NOTHER MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (I) (this	OF DEATH MINER) P. 210. PLACE (AT HOME STR	M. MONTH DAY YEAR M. 19 OF INJURY LEET, FACTORY, OFFICE, FARM, ETC.)	216 HOW INJURY OCCU	CITY OR TO	
ORTANT: If Nem 21 is		saw the deceased all above, (I) (we) (did)	n T Du	ofter death.	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF	IAN 10/21/09

DHMH - 16 50M 4/82

BP.

etained by the hospital or attending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in the should be detached for use as the burial-transit permit. Then please remove carbon-popers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

HOSPITAL LUTHERAN 23d. LOCATION

Burial 10/25/1984 Mt. Auburn Cemetery Baltings Vin Date of A Date

grade & posterior and the contractor

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SLID

amounts for

217-24-4867

Jeimson

aaltimere City

Indicated To Corretor (Linde 1900)

2935 Uriqutah Street ... Eltirore, H r'l n' 21216

i ncy 255 Brighton Street

Virgi Johnson Beltimore, inryland 1991

Print 1/25/1981 Ut. Calver up at the Anne Annel Spant appropriate

Autter Sons 2500 Gewans Falls Larke by Puneral Home Inc. Baltimore, Deriland 21212

1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTACHYG ICATE OF DEATH	TENE 2 REG. NO.	7 0	3 /		
	ECEASED NAME	SEPH	CESS	T.V		INSON	La DAIL OF BEATT	10 3	AY YEAR 50 84	26 HOUR 4:35P M	
5 3. SE			RACE		Is. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	# UNDER 24 HRS	
					MONT	H DAY YEAR			ONTHS DAYS	HOURS MIN.	
	Male BIRTHPLACE (STATE ORF	000.00	Negr	WHAT COUNTRY?	11	1 1926	58 9 BALTIMORE CITY O	YRS.	OF DEATH		
	ryland	OREIGN		JSA	MARRIE	D NEVER MARRIED K	BALTIMORE	-	OFDEATH	MD	
3 Ba	ltimore		VAMC,	Baltimor	e, M	or other institution laryland 21218	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O			F BUSINESS OR	
5 Ma	ryland	ing home or o 13b COUNT		Baltimo	/N	126	423 24th	ZIP CODE Stre	et 2	1218	
	Henry	Da	vid	Johns	son	15. MOTHER'S MAIDEN NAM	Mary		Par	ker	
160 V	WAS DECEASED EVER	ss 1. Col	borne	Road							
	CARDIO PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF SEPSIS Gover rise to immediate cause (a), stating the underlying cause lost. (c) CIRRHOSIS OF THE LIVER										
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN EARLY PNEUMONIA									a	
CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES		
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	Р.	M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2}		
WED	WHILE NOT WHE	KK		REET, FACTORY, OFFICE, F		STREET	CITY OR TO	wn	COUNTY	STATE	
	220.1 certify that XXthis haspital) attended the deceased Iram October 29 , 19.84 , to October 30 , 19. 19. The deceased alive an October 30 , 19. 84 , and that in (XV) (aur) apinion death occurred an the date and haur an object of the deceased alive and the date and haur and the deceased alive alive and the deceased alive and the deceased alive and the deceased alive alive alive alive and the deceased alive and the deceased alive a									that (Wwe) last causes stated SIGNED 2 – 8 4	
T		ME (TYPE OR KEN M			PHYSICIAN DIRECTOR PHYSICIAN VAMC, Baltimore, Maryland 21218						
	BURIAL, CREMATION, (SPECIBURIAL)	REMOVAL	23b. DATE 11/5/			cemetery or crematory on Forest V	23d LOCATION CITY OF TOWN OWIN	gs Mi	ills,	STATE Maryla	

North Avelov

1101 E.

whia Davidson-Randon

DHMH - 16 50M 4/B3 (VRA 15, 4) 24 FUNERAL DIRECTOR
Wm. C. Ma

March F/H, Inc.



1 - S R	OR TATE EGISTRAR	M I	CU	Atras.	CERTIF	CATE OF I	RNDSTON MENTAPHYG DEATH	STÊNE 45	2 7 REG. NO.	Û	3 8	
I. DECE	ASED NAME	PREST		MIDDLE		I INT CONT	Jr.	26. DATE OF			DAY YEAR	2b. HOUR
				J.		HNSON	, , , ,		BER 20		84 IF UNDER 1 YEAR	12:55A
3. SEX	Male	4	RACE B1:	MOM		DATE OF BIRTH MONTH DAY YEAR 5/25/10		6 AGE (IN)	EARS LAST BIRTHD		MONTHS DAYS	HOURS MIN.
7a BIRTH	HPLACE (STATE C		CITIZEN OF	WHAT COUNTRY	/? 8. MARRIEL WIDOWE	NEVER /	MARRIED		RECITY OR			115
IO CITY	orth Ca ortown of D TIMORE	EATH 11	I NAME OF	USA HOSPITAL, NURS CHEACILITY, GIVE STRE HOPKIN	ING HOME O	R OTHER INS		12e USUAL	OCCUPATION K FOR MOST OF W	1	126. KIND C	MD. OF BUSINESS OR
USUAL 130, STA B	RESIDENCE IF NL	136 COUNTY	HER INSTITUTION		SE ADMISSION) WN VSr	13d. INSIDE C YES 15. MOTHER	NO S MAIDEN NA FIRST OTNA	1416	ADDRESS / Z	rne B		21213
	, NO OR UNKNOWN)	(IF YES, GIVE V					e Johr	nson 2			s Ave.	
	Conditions, if or gave rise to in couse (o), sto underlying cou	nmediate ting the	DUE TO, O	Cardi RAS A CONSEQ RAS A CONSEQ	n da	mage					911	noves 5 days
NO L	RE DATE OF OPER	nal f	91141	ONTRIBUTING TO		200 AUTO	OPSY?	Ob IF YES	, WERE FINDI	NGS USED		
- 10	OR CONTRIBUTING	CAUSE OF DEATH			DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NA	TURE OF IN JRY I	N ITEM 18 P	ART 1 OR PART 2}	
WEDI 21	Id INJURY OCCU	RRED	21e PLACE		E FARM ETC)	21L LOCATION STREET	ON		CITY OR TOWN	1	COUNTY	STATE
			10/2	19	84 an		19 (our) apinion	death accurre	d on the date	ond hau		
	26, SIGNATURE	but	Ma	iday	MD		ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIA	NX	10 Z	0/84
27	R C	DOIN	M C	1 ady		Joh	4 0	PKI	ns Ho	5 p	ita \	

DHMH - 16 50M 4/83 (VRA 15, 4) Burial 10/25/84 Eastview Mem. PK Baltimore, Md.

Mm C March F/H, Inc 11001 E. North Ave 250 DATE REC'D BY REGISTRAR'S SIGNATURE LANGUAGE MARCH AVE 22 1984

23c NAME OF CEMETERY OR CREMATORY Eastview Mem. Pk

23d LOCATION
CITY OF LOWN
Baltimore, Md.

STATE

10/25/84

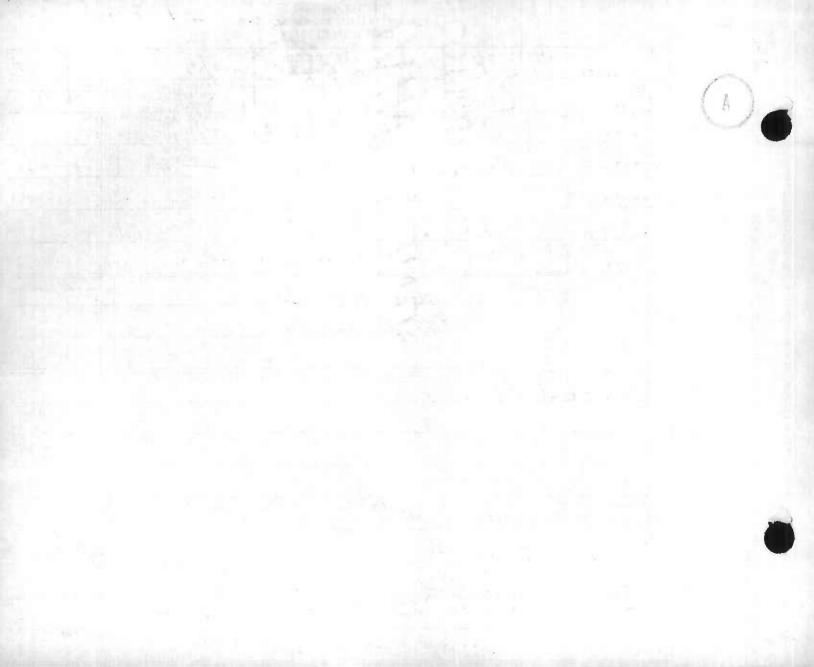
230. BURIAL, CREMATION, REMOVAL

DIVISION OF

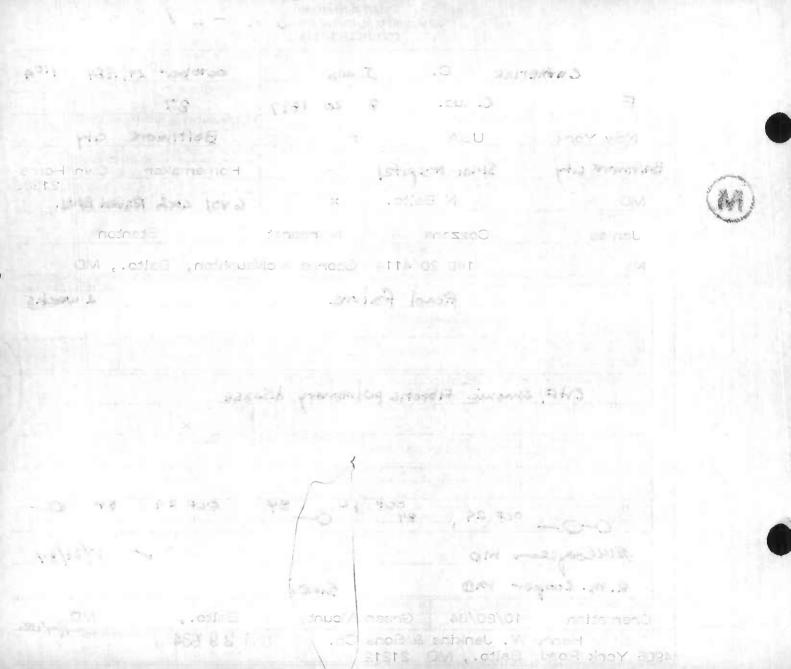
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENEAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE KNOWN X MONTH 7b. HOUR LTYPE OR PRINT ESTI-S NECESSARY, PLEASE EFUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS IN PRESTON STREET, VIRGINIA JOHNSON DEATH MATED 10-30-849 3. SEX 4. RACE DATE OF BIRTH 6 AGE IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED Female |Black 8 DEAD 10 73 10-30-849 9:304 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Md. USA WIDOWED P DIVORCED Baltimore City 1, 2, AND 3 TO THE FU M 3. RETAIN PAGE 5 D 2 SHOULD BE FILED, V JFAL RECORDS, 201 W ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore Baltimore St. 21223 Balto. 30 STATE 13 STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore St. Md. YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Adaline Custis Curtis George 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS [YES, NO, OR UNKNOWN] (IF YES, GIVE WAR OR DATES! 214-24-2747 Elmer Brown 701 W. Mulberry St No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Chronic obstructive pulmonary disease IMMEDIATE CAUSE (a)_ AND MENTAL HYGATION OR REMOV DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ED AS A HEALTH CERTIFICATION FOWARDED TO ITE. USED A COME. PAGE 3 SHOULD BE USED A COME. PAGE 3 SHOULD BE USED A COME. CATALE DEPARTMENT OF HEAD AND TO BURKEL, COME. USED / 19ª DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO Q 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM ETC 1 CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 22a I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10-30-84 Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Landsdown, SPECIFY) COUNTY STATE Md. Burial 11/2/84 Mt. Zion Cem. BP. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DE 24 FUNERAL DIRECTOR 25a. DATE REC'D **DHMH - 17** 1101 E. North Aven Wm C March F/H, Inc. (VR A15 ME (5)) 20M 4/B2

May J. P. Too.

	1.	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GTENE 2 7	041	
be oth	(TYPE	Chritot: Co	lleen B	MIDDLE SSG((y) (X	Boy Doy	r 20 DATE OF DEATH	MONIH DAY YEAR	9:36Pm
(A)	3. SE	Ma/e	Blac	k	ACTE OF BIRTH MONTH DAY YEAR 7 30 54	6 8 day	MONTHS DA	
1000	C	RTHPLACE (STATE OR FOREIGN DUNTRY) aryland	76 CITIZEN OF		ARRIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	RCOUNTY OF DEATH	
by the fulled with		altimore		HOSPITAL, NURSING HI	OME OR OTHER INSTITUTION	12a USUAL OCCUPAT	F WORKING LIFE) INDUST	D OF BUSINESS OR
filled in outd be	13a S	AL RESIDENCE (IF NURS THE STATE aryland	ALC: DEFER INSTITUTION DUNITY	A GIVE RESIDENCE BEFORE ADM 13c CITY OR TOWN Baltimor	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3041 Sea	mon Ave.	21225
mpletely ond 2 sh	IA FA	THER'S NAME	MIDDLE Jo	hosan	15 MOTHER'S MAIDEN N	AME MIODIS	sselly	LAST
m and co		VAS DECEASED EVER IN U.S. (IF YES	S. ARMED FORCES? S. GIVE WAR OR OATES)	N/A		issally 30	SS /	Avenue
Tr, BALI		18 CAUSE OF DEATH Enter PART I. DEATH WAS CA	er only one couse per NUSED BY DIATE CAUSE (0)	Severe K	rivatal Csbh.	vxia.	APP	ROXIMATE INTERVAL EN ONSET AND DEATH
death ce		Conditions, if ony, which	h (b)_	OR AS A CONSEQUENCE	Po Hacenta			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician and completely filled in by os the burnol-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be fill this and Mental Hygiene prior to burnol, cremotion, ar removal. On the burnol-transit permit burnol, cremotion, ar removal. On the stown any injury, or other troumotic event, the medical examiler must be filled.		gove rise to immediate couse (a), stating the underlying couse lost	e DUE TO, O	R AS A CONSEQUENCE	OF			
requires reduires to the plant plant, y injury, of	TION	Cerebra	(Malac.	6	H BUT NOT RELATED TO THE TER			
The low ton.	CERTIFICATION	190 DATE OF OPERATION			ration was performed	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS USED SES OF DEATH? NO
SICIAN: 19 physic certificat mol-fram ental Hys		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	PEDEATH HOUR A.	OF INJURY .M. MONTH DAY .M.		RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART	2)
ottendii frer this os the but h and M	MEDICAL	2 Id. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, E	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
ATTENDI spitol or CTOR: A Ifor use of Heal	(sow the deceosed oliv obove, (h (y e) (did) (di	e on 10/7	1984	ond that in (my) (our) opinion	n death accurred on the de	te and hour and from	_, that (1) (we) lost the causes stated
by the hore the hore the hore the hore e detoched detoched State Dept.		22b. SIGNAPURE	1/ Ly	mD		MEDICAL STA	F .	TE SIGNED
TO HOSPITAL retoined by 41 TO FUNERAL should be det with the Store		Kudolph	VFox	M.D.	220 ADDRESS 494 Bal	D Easternal	in	
BP	(BURIAL CREMATION, REMO	10/12	2/84 Ceda	of CEMETERY OR CREMATORY THILL Cemete	ery A'nhe A	-	1 40
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FU Wm	UNERAL DIRECTOR C March F/	H Inc. 1	1101 E Nor	th Avenue OC	TE REC'D. BY REGISTRAR	256. REGISTRASSISTEM	ATURE



STATE OF MARYLAND



completely filled in by the funeral 1 and 2 should be filed within 72

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, ar other troumatic event, the medical exa TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN The low

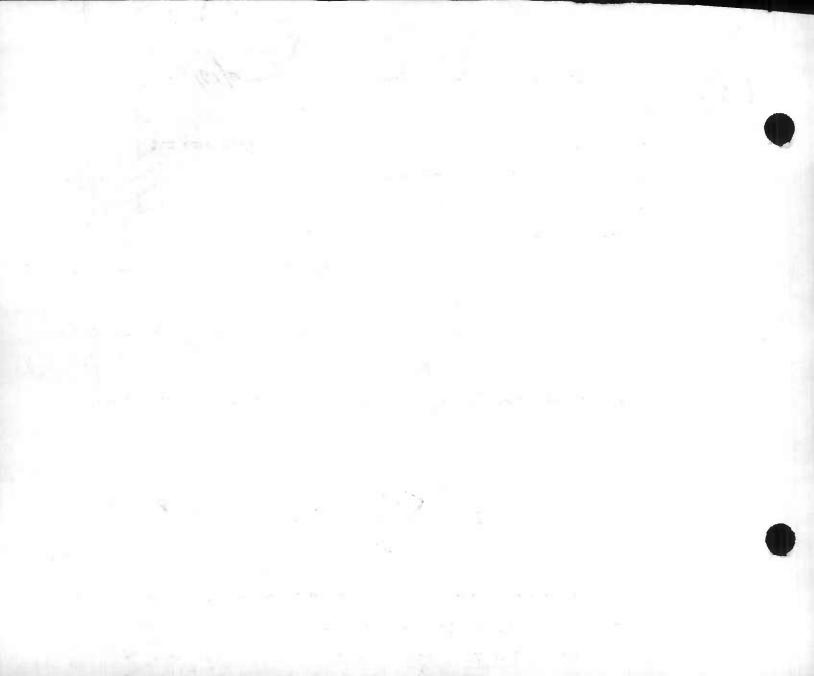
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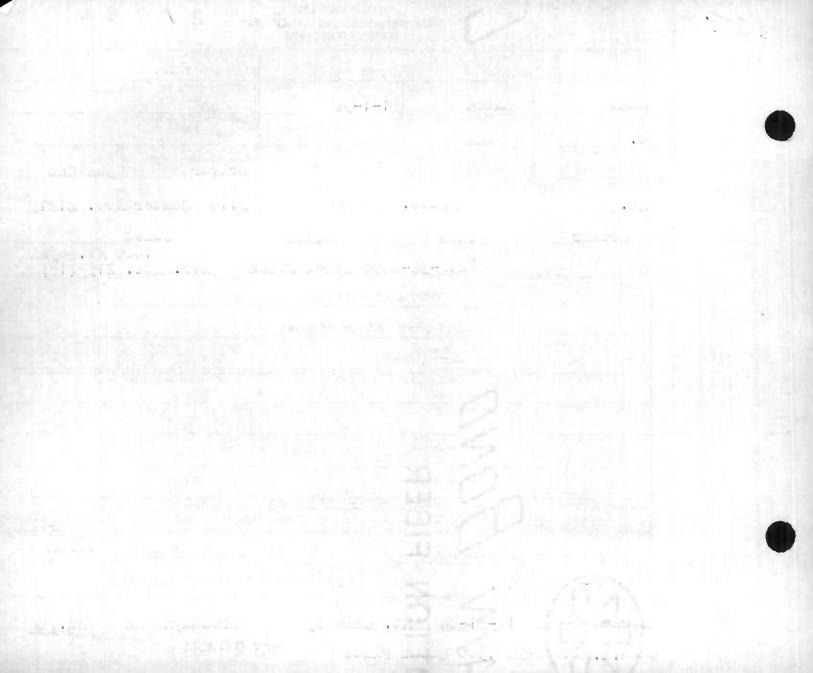
BP.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CEDTIEIC ATE OF DEATH

1	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
		Erne		С.	Jones		10//9/0			10 V M
	3. SEX	(4_RACE		5. DATE C		6. AGE THE YEARS LAST BE		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	M:	ale	Black	c	7	/ 16 /38	46	YRS.		
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	2 8		9. BALTIMORE CITY		OF DEATH	
25	(OUNTRY)	II C	70		NEVER MARRIED		7.		
20		alto., Md.	U,S.		WIDOWE	D DIVORCED DO OTHER INSTITUTION	Baltimore		T	MD
. 15	10. CI	ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)		(TYPE OF WORK FOR MOST			OF BUSINESS OR
44	B	alto	The Un	ion Memo:	rial H	ospital				
	USUZ	AL RESIDENCE (IF NURSING HOME) TATE 136 CC				1131 PICIDE CITY HAUTES	Lis. CTREET ADDRESS	/ 710 CODE		
35		Md.	JUNIT	Balto		13d INSIDE CITY LIMITS?	408 Whit	ridge	Δπο	21218
		THER'S NAME		Darco		15 MOTHER'S MAIDEN NA		Liuge	AVC,	21210
	11.12	FIRST	MIDDLE	LAST					LAS	
20		Earl	Α.	Jones		Floret			Jones	
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	16h SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR			
	,	YES NO OR UNKNOWN) (IF YES	ONE WAR OR DATES!			Betty Glaz	e 408 Whi	trida	e.Ave	.21218
4		18 CAUSE OF DEATH (Ente	and and any a pa	lino for to) this or	ad (c)				APPROX	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAL	JSED BY:	r line for (a), (b), of		1 +			BETWEEN	ONSET AND DEATH
		IMMED	IATE CAUSE (o)	Colde	ac	anist				
			DUE TO, C	R AS A CONSEOL	JENCE OF	- /		1-1		0
		Conditions, if any, which	(b)_	dresem	unted	whosens	- congr	latie	1 0	days
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		underlying couse lost.	1000 10,0	RAS A CONSEUL	ENCE OF				16) Dans
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1	S	190 DATE OF OPERATION	196 CONL	IIION FOR WHICH	HOPERATIO	N WAS PERFURMED	200 AUTOPST	IN CERTIFY	ING CAUSES	OF DEATH?
	TE						YES NO	YES		NO D
7	E E	210. ACCIDENT WAS UNDERLYING			AV VEAD	21¢ HOW INJURY OCCURE	RED (EMERNATURE OF INJ	JRY IN ITEM IB PAR	11 1 OR PART 2)	
4	A	OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH D .M.	PAT TEAK					
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	WEI	WHILE NOT WHILE		REET, FACTORY, OFFICE	FARM ETC }	STREET	CITY OR T	NWC	COUNTY	STATE
		AT WORK			1			10	est	
		22a.1 certify that (1) this ha	spital attended t	deceased from.	10	12 19 4 1	10	1	OFT.	that (I) we) ast
		saw the deceased alive above, (1) we) (did) (did		efter death	24 on	d that in (my our) apinian i	death accurred on the	date and have	and from the	causes stated
		22b. SIGNATURE	not) view the body	offer death		DEGREE			22c. DATE	SIGNED
		1/2/21	+ 1-	12011	7 2/1	ATTENDING	MEDICAL STA		1	1.164
		1000	1	Cun	0 14	PHYSICIAN _	DIRECTOR PHYSI	CIAN	/ 3/	19/6/
		22d. PHYSICIAN'S NAME (T)	PE OR PRINTY			22e ADDRESS		/		
/		Robert S	. Tano I	1.D.		201 East Uni	versity Pa	rkway		
	23a. E	BURIAL, CREMATION, REMOV	AL 236 DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		SPECIFY					CITY OR TOWN	lour	COUNTY	MA
	24 5	Burial UNERAL DIRECTOR	1 10/2	25/84 1	Mt ZI	on Cem.	Lans C		ADIC CICALIA	Md.
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DHMH - 16 50M 4/83 (VRA 15, 4)





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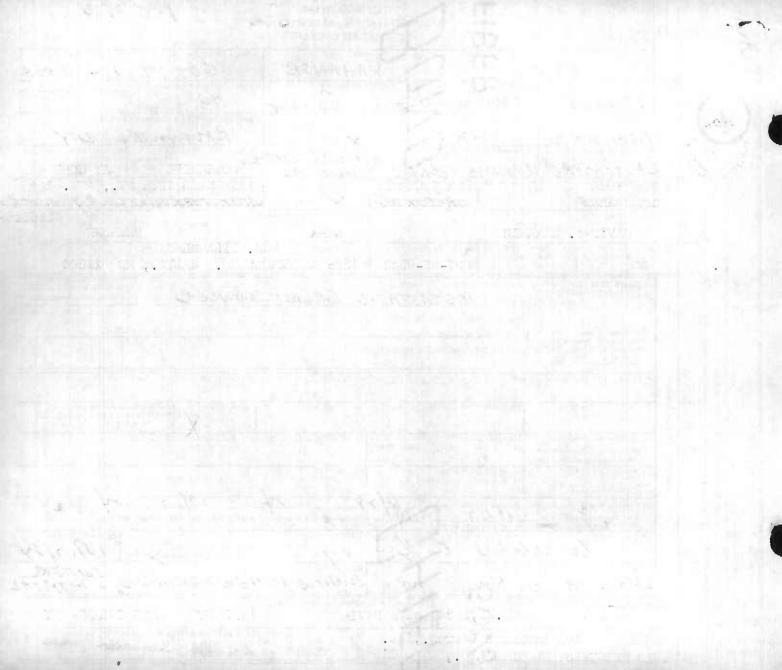
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•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PAR AFTER DEATH, WITH THE STABBALTIMORE, MARYLAND, 21;		220 I certification of the control of the certific ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIME)	NAME DON	e of the remoins denicated to the remoins deni	Au	M.D.	Autop	Homicid THLE (SPE D. ASSIS	stant	Undetermine MEDICALE enn Str	XAMINER), 0, SI	GNED	10-1-8	3 <u>4</u>
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STATE OF MARYLAND

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/	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEAL	MARYLAND TH AND MENTABIYO TE OF DEATH	REG. NO	7 0 4 8	
25		CEASED NAME FIRST OR PRINT) ETTA	MIDDLE	UA.	HANGR		MONTH DAY YEAR	26. HOUR
	3. SEX		1. RACE CANCASIA	5. DATE OF BI	RTH 24 YEAR	6. AGE IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 2
1	7a Bl	RTHPLACE (STATE ON FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	1	R COUNTY OF DEATH	TI
10	10 CI	NEW YOTEK TY OR TOWN OF DEATH BANTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS) GER	THER INSTITUTION	12g USUAL OCCUPATE PE OF WORK FOR MOST OF HOUSEWIF	ON 12b. KIND C F WORKING LIFE) INDUSTRY	OF BUSINES
filled in bound be the	USU/ 13a. S	NIREGIDEN OF KNURSING HOME OR HATELY XXIVXIV	VITY LIST CHTY OF	CCKAWAY 13d	. INSIDE CITY LIMITS?	135 BEACH	19TH ST., AI	PT. 1
Completely	14. F.A	THER'S NAME DAVID A. KAH	HANER LAS		MOTHER'S MAIDEN NA LENA	WIDDLE	UNKNOWŃ	# 1
Pages 1		VAS DECEASED EVER IN U.S. AR. RES, NO OR UNKNOWN) 1 IF YES, GIV	E WAR OR DATES)			RS. LILA AREN OLL RD. BAL	BAUM	208
is been signed by ermit. Then please e prior to burial, cr	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	G TO DEATH BUT NO		200 AUTOPSY?	DITION GIVEN IN PART 11 206. IF YES, WERE FINDING CAUSES	NGS USED
ransit per Hygiene 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	r. HOW INJURY OCCUR	YES NO	YES TORPART 2)	№ □
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iter this certification is the buriol-tr h and Mental I rked or Item I	MEDICAL	JIE EITHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C		LOCATION STREET	CITY OR TO	wn county	\$1
DIRECTOR, After this certificached for use as the buriol-tip Dept of Health and Mental If hem 21 is marked or them	MEDICAL	I IF EITHER NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHITE NOT WHITE AT WORK 22a certify that (1) this haspi	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	, 19 soot in (a) (our) opinion	deoth occurred on the do	ote and hour and Iram the	
RECTOR: After this certified for use as the burial-the for use as the burial-the of the Arealth and Mental tem 21 is marked or them		IN EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHIE NOT WHIE AT WORK 22e certify that (this haspi sow the deceased alive on obove, (a) (we) (did)	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, CO intol) attended the deceased of the control of	from left strong l	not in (a) (our) opinion REE ATTENDING PHYSICIAN [L 10/10/1	ote and hour and I ram the	that 182 (w couses star SIGNED



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH I. DECEASED NAME MONTH LIVPE OR PRINTS **JEROME** KAHN OCTOBER 24, 1984 4. RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX IF UNDER 24 HRS MONTH MALE WHITE 1899 JULY In BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY MARYLAND U.S.A. WIDOWED X DIVORCED [BALTIMORE CITY IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE LABYRINTH RD. APT. 1-C MERCHANT RETAIL JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND BALTIMORE 3611 LABYRINTH RD., APT. 1C (21215 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE WIDDLE MOSES **AMELIA** KAHN **STERN** WINSTON T. BRUNDIGE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT THE YES CIVE WAR OR DATEST 100 S. CHARLES ST. BALTO., MD 21201 218-26-1105 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY HEART PAILURE COLGESTIVE 5 04YS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ATHEROSCLEREFIL HEART DISKASE 5 YEARS Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 CERTIFICATION CARCINONA COLON DE 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 24 act 22a | certify that (1) this hospital attended the deceased from. saw the deceased alive an 22 OCT abave, (1) (most dish (did nat) view the bady after death and that in (my) apinion death occurred on the date and have and from the causes stated 77h. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING 25 OCT FU PHYSICIAN DIRECTOR PHYSICIAN 72d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS DR. DIXON HILLS 3501 ST. PAUL ST 23a BURIAL CREMATION, REMOVAL 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE CITY OF LOWN (SPECIFY) STATE BURIAL 10/26/84 BALTIMORE HEBREW CEM BALTIMORE MARYLAND 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SOL LEVINSON & BROS. . INC.

DHMH - 16 50M 4/83 (VRA 15, 4)

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215



8	1-	FOR STATE REGISTRAR		ME	STATE DEPARTMENT OF I		TE OF DEATH REG.	0 5 Q		
B	1. DECEASED NAME (TYPE OF PRINT) Cecelia CECILIA M. KANE 3. SEX 14 RACE IS DATE OF RIPTH IN A AGE IN YEARS JE LINDER 1 YR JE LINDER 24 MPS 12. DATE KNOWN XX MONTH DAY YE									
ARY, PL LORECT TON STREET		male	White	Nov. 8,	Nov. 8, 1899 84 YRS. MANNING DEAD 10-					
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Z Z Z Z Z Z Z	Baltimore			1805 FLE	SPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS) OCT STREET ADDRESS) GIVE RESIDENCE BEFORE ADMISSING	120. USUAL OCCUPATION (FOR MOST OF WORKING LIFE) Laborer				
E ANY DELA S. AND 3 TO S. AND 3 TO S. SHOULD BE S. SHOULD	130 S M8	ryland	13b. CC		13c. CITY OR TOWN Baltimore	13d INSIDE CITY LI	© □ 1805 Fleet S	t./ 21231		
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L RECORDS, 201 W. PRESTON ST., BALTIMORE, M. ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH "PENDING" IN PENDING" IN TRANSIS GIVE PAGES. BE MEDICAL EXAMINER ALONG WITH FORM PAGE AS A BUSIAL-TRANSIT PEMIT, PAGES I AND HEALTH AND MENTAL HYGIENE, DIVISION OF MALL, CREMATION, OR REMOVAL.	NO	gove ris couse (a) lying cau	ns, if any, whose to immed stating the united last.	nich iote der- (b) DUE TO, O	R AS A CONSEQUENCE (DF	vascular disease			
DIVISION OF VITAL REG HIS CERTIFICATE SHOULD I WRITING THE WORD "PEN WARDED TO THE CHIEF M WARDED TO THE CHIEF M WARDED STORED OF HEAD ATE OF PARTMENT OF HEAD 21201 PRIOR TO BURIAL, CI	L CERTIFICATION	UNDERLYING	AL CAUSE WAS	21b. TIME C	OF INJURY M. MONTH DAY YEAR		O?	20 AUTOPSY? YES NO X		
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DICAL EXAMINER: 1 TE THE CERTIFICATE, 4 SHOULD BE FORV NERAL DIRECTOR: P GEATH, WHI THE SI HORE, MARYLAND.			fy that I taak cl	harge of the remains de latural couses X.	A. Korell, M.	Cide , Homicide TITLE (SPEC	Undetermined manner	DATE SIGNED 10-5-84		
BP DHWH - 17 (VR A12 WE (2))	24 FU	JRIAL, CREMA PECIFY) Bur JNERAL DIREC	TION, REMOVA IAL TOR	Oct.9,198		Cemetery [25a.]	23d LOCATION CITY OF TOWN Balt	timore Co., Md.		

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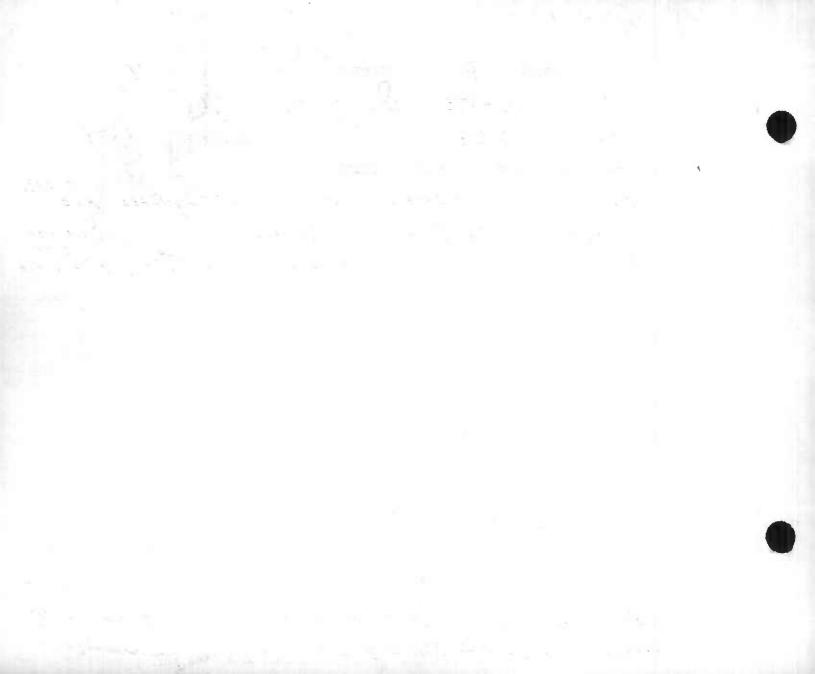
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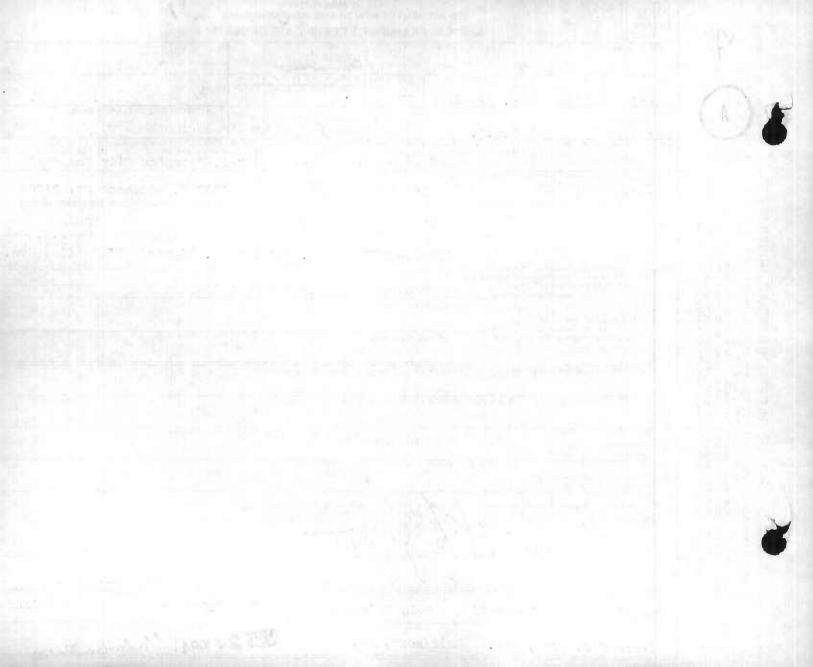
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STATE OF MARYLAND



#1,FilmG596 10/30/84 kam STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) Kavanagh Frances V.DEATH MATED 10 84 Kavanauch 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 19 84 Nov. 13, 1906 White Female Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY) Baltimore City, WIDOWED & DIVORCED | U.S.A. Maruland ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Union Memorial Hospital - DOA Baltimore Ret.-Operator City Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13e STREEL ADDRESS Monument St. 21205 Baltimore 13d. INSIDE CITY LIMITS? waryland YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Frank MIDDLE ol tman Catherine Urban 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 21214 (YES, NO. OR UNKNOWN) 3509 Ailsa Ave. 216-32-4277 Mrs. Kathleen P. Mignini No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HE OF PRIOR TO BURIAL, (19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21L LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW. TO FUNKAL DIRECTOR, PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2) Inspection XX 220 I certify that I took charge of the remains desired above, held an Autapsy Inquiry Natural course XX Hamicide L Undetermined manner Assistant 10-20-84 MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Baltimore Maruland Holy Redeemer 10-23-84 BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** I. C. Nowadown Produce 24 1084 Baltimore, Md. Leonard J. Ruck, Inc. (VR A15 ME (5)) 20M 4/82





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH 1. DECEASED NAME MONTH 2b. HOUR TIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) 13e.STREET ADDRESS / ZIP CODE ADDRESS APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

COUNTY and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

STATE



FOR 1 - STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA PAYGIENE

CERTIFICATE OF DEATH

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126 KIND OF BUSINESS OF

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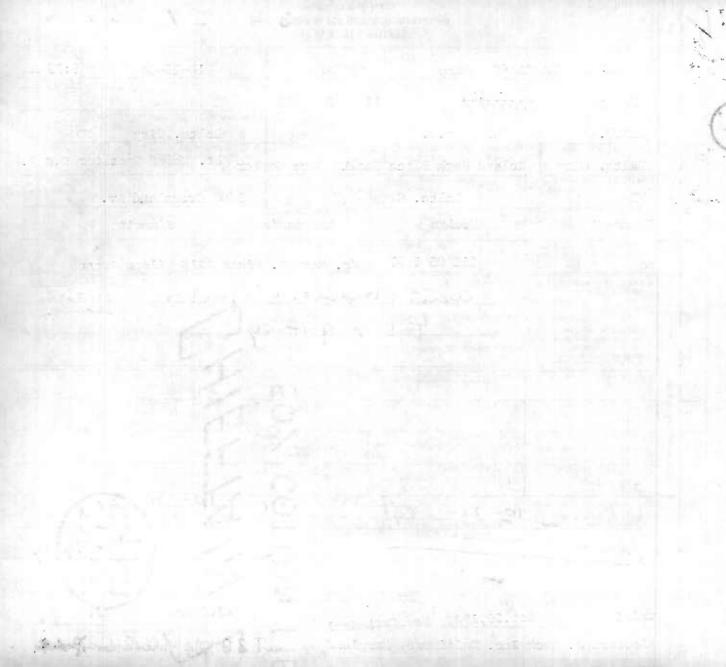
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IF UNDER 24 HRS **HOURS**

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 26 HOUR TYPE OF PRINTS DANIEL NMN KERDOCK 10 84 10 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 12 MALE WHITTE To BIRTHPLACE ESTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED CARMEL, PA U.S.A. BALTIMORE CITY WIDOWED DIVORCED [IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE SAINT AGNES HOSPITAL Acelylene BurnerPoint Ship USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND BALTIMORE 402 Rosecroft Terrace 21229 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kerdock Lewis Gowalas Veronica 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 21229 216-05-5456 Frances A. Kerdock 402 Rosecroft Terrace APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic. PART I. DEATH WAS CAUSED BY. acute and Chronic conquestion IMMEDIATE CAUSE (o) DUETO, OR ANA CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES I 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE 22a I certify that (I) (this hospital)) attended the deceased from sow the decease of live an obove (I) we vidid) (did not) view the body ofter death and that in (my (our) apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE THE DATE SIGNED PHYSICIAN | DIRECTOR | PHYSICIAN & 72e ADDRES W. J. HICKEN, MD

23c NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

11/2/84

230 BURIAL, CREMATION, REMOVAL 23b. DATE

Buria1

(SPECIFY)

24 FUNERAL DIRECTOR

Baltimore Maryland 1 1091 Gula Day don Windson

COUNTY

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16730			6 7	3 A	Marie Car	
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oy be deorth		REGISTRAR CEASED NAME FIRST OR PRINT) Rober	+	MIDDLE R	V:11	naet	CAIR	REG. N 20 DATE OF DEATH	O. MONTH DAT	Y YEAR	26 HOUR30
poge poge	3. SE		A RACE WHITE	//	S. DATE C	F BINTH	1926	6 AGE (IN YEARS LAST BH	THDAY) IF	UNDER) YEAR	IF UNDER 24 HR
(A)3	P	RTHPLACE (STATE OR FOREIGN COUNTRY) ENNSYLVANNIA	USA	WHAT COUNTRY?	WIDOWE		ORCED [BAITIMORE CITY O	DRE CIT	Y	A
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in 24 ho	13o. 1		LTIMORE	13c CITY OR TOW		13d. INSIDE C	ио 🕅	15 Paula	ZIP CODE Apt	. 1C E	21237 Balto.
omplete	1	ATHER'S NAME FIRST Ralph	MIDDLE J.	Killir			MAIDEN NAM	MIDDLE	566	(AS	
be execution and construction and constr		VAG	RMED FORCES? (VE WAR OR DATES)	166 SOCIAL SECU 198-14-		Mark		inger 15 P		. Apt	. 1C
quires that the death certifica signed by the attending physhen please remove corbanpation bariel, cremotion, ar removicity, or other fraumotic event	Z	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, C	DR AS A CONSEQUE	NCE OF		el cel	P. Car //		eacl	
on. hos been t permit. I ene prior owkony in	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYI YES	NG CAUSES	NGS USED OF DEATH?
SICIAN: ng phys certifico priol-froit tenfol Hy frem 18	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI 1 FEITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY	AY YEAR	21c. HOW IN	S	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T I OR PART 2)	
OR ATTENDING PHY the hospital or ottendi DIRECTOR: After this sched far use as the bi Dept. of Health and M f them 21 is marked or	ME	WHILE NOT WHILE ALWORK 220.1 certify that (h. (this haspen saw the deceased alive a above. (h. (we) (did 1 did 22b. SIGNATURE	(AT HOME ST	he deceased from	10	od that in (my)	, 19 89 (our) opinian c	to / O/23	ote and hour o	ond from the	
TO HOSPITAL C retoined by the TO FUNERAL D should be defox with the Store D		BURIAL, CREMATION, REMOVA	TH CC	216NET, -84 Sa		22e ADDRES 6//		MEDICAL STA DIRECTOR PHYSIC 2 HIR USS 23d LOCATION CHYORLOWN Baltimo	BA	U. N.	5/f
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNGEAL DIRECTOR 7.4	. 7401	Balan	Rd	.212	25a. DATE	Dar CTING			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١	1 - :	FOR STATE REGISTRAR			EALTH AND MENTARIYO	GIÉNE REG. N	, ,	,	
1	. DECE	ASED NAME FIRST	MIDDL	E (.	AST		MONTH DAY	YEAR	2b. HOUR
1	(TYPE O	MARY	JANE	KINO	3	OCTOBER :	16 1984	1 I	9:55A _M
	3. SEX		4. RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS.
	1	FEMALE	CAUCAS		н 36, 1513	71	YRS.		HOURS MIN.
		IMPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHA	AAADDIE	XX NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
4	-	YORTOWN OF DEATH	U.S	A . WIDOWE PITAL NURSING HOME C		BALTIMOR			MD.
	B	ALTIMORE	THE JOH	INS HOPKINS		HOMEMAKE	F WORKING LIFE)	NDUSTRY	BUSINESS OR
	130 ST M A R		ARUNDEI		13d. INSIDE CITY LIMITS? YES ^A NO	13 STREET ADDRESS SHO	RE DRI	VE 2	1037
		HER'S NAME	MICH.	AEĽŠ	15 MOTHER'S MAIDEN NA MINNIE	MIDDLE	BROW		
)	16a, W/	AS DECEASED EVER IN U.S. AR.		SOCIAL SECURITY NO.	17. INFORMANT		& BROO		
1	NC	1. 10.00	1	72-18-2481	ASHTON M.	. KING LOT	HIAN,		
1		8 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	-		E CAUSE (0) hu	potensin				12	hours
1				A CONSEQUENCE OF					
1		Conditions, if ony, which gove rise to immediate	(b) Se	PSi S				10	days
		cause (a), stoting the underlying couse lost.	1	A CONSEQUENCE OF					7
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTI	A . \		•	DITION GIVEN II	N PART Ito	
	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION	V FORWHICH PERATION		20a AUTOPSY?	206 IF YES, WE IN CERTIFY INC	RE FINDING CAUSES	GS USED OF DEATH? NO
,	10.774	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	CIPI	JURY MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	ORPART 2)	
1	8	21d INJURY OCCURRED	21e PLACE OF II		211 LOCATION STREET	CITY OR TO	WN .	COUNTY	STATE
		220 1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no	10/16	19 84 on	d that in (my) (our) opinion	death occurred on the d	ate and hour and		hat (1) (we) lost ouses stored
		226. SIGNATURE	0		DEGREE			22c DATE S	IGNED
4		DM. Hame	REPRINT)	M	ATTENDING PHYSICIAN [MEDICAL STA		10/10	0/44
		David Herr	Hator		601 N. Wal	fest. Ba	It. Ma	. 71	205
		PRIAL, CREMATION, REMOVAL	23 TE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	co	UNIY	STATE
	CF	REMATTION	10-19-8	4 METROPO		MATORY ALE	XANDRI	A FA	IRFAX V
		VERAL DIRECTOR	10 4040	ADORESS OF A	11171 17	TE RECODAY REGISTRAR	256 REGISTRAR	SSIGNAT	RE
-1	KC	BERT E. EVA	NS 1212	WEST'S ST. A	NNAPOLIS,41	UKATIAND	2	W	

DHMH - 16 50M 4/83 (VRA 15, 4)

The state of the s

	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTADHYG	TENE REG. N		2 ~		
1	1. DECEASED NAME FIRST		MIDDLE		LAST		MONTH DAY	YEAR	26 HOUR	
	(TYPE OR PRINT)	LIAM	R. I	<ing< th=""><th></th><th>October 14</th><th>, 1984</th><th></th><th>3:00a M</th></ing<>		October 14	, 1984		3:00a M	
	3. SEX	4. RACE		S. DATE		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS	
ı	Male	Whit	e	Oct.		87	YRS.	HHS DAYS	HOURS MIN.	
	70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B AAA DD IE	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF	DEATH		
7	S.C.	US	A	WIDOW		Balt	imore C	ity	MD.	
	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION		F BUSINESS OR	
<	Baltimore	Maryl	land Gene	ral H	ospital	Body Rep	air /	Autom	obile	
	USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Balto	/N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 4140 the	ZIP CODE Alame	da 2	21218	
	14 FATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM	ME	PARK	tas	ST.	
5	William	B.	King		Anna	***************************************	Vana	adore		
	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDR	ESS			
	No	one man on onico,	213 01	3985	Sullivan-Ki	ng Funera	l Home	_		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	line for (a), (b), on	d (c).)				BETWEEN	ONSET AND DEATH	
		ATE CAUSE (0)	Corn	o res	pera try	anet	1 - 5 - 5	30 mm.		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	myo	cardial m	fasction		30 mi -		
		CONDITIONS CO	UALLY	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	block	_		
	NO DATE OF OPERATION 190. DATE OF OPERATION 190. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	NG CAUSES	NGS USED OF DEATH?	
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE	
	220 I certify that (1) this has the deceased alive (above (1) (we) (did) (did	A7 - 4		EJ.o	nd that in (our) apinion of	, to	ate and haur ar	- /	that (we) last causes stated	
	226 SIGNATURE AUNI 224 PAYSICIAN'S NAME (1149	Lun Z	elan		ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN [10	SIGNED	
	Dr. Jaimie I					ford Road,	Balto	. , MI	D	
	230. BURIAL, CREMATION, REMOV. (SPECIFY) Removal	10/15			ilver Brook	Anderso	n,	°"\$.C	STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

10/15/84 Old Silver Brook ^{24 FUNERAL DIRECTOR} Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

25. Date REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE Funda Savidson-Randale

12, 12, 127 The network stages a visit of Elto. 4140 the Alertada 1171 ~.c -r_/ ats of Section and Fundral Home, a.C. SP PERMIT ENGLISH SOME WITH THE FIRM W. Jensine & Bon Bo. 455 ARIS YORK FORE DELIDS, NO 21212

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL OF GENTLE OF DEATH

-MIDDLE

76 CITIZEN OF WHAT COUNTRY?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO

216. TIME OF INJURY

P.M.

21e PLACE OF INJURY

HOUR A.M.

HE NOT IN SUCH EACHITY, GIVE STREET ADDRESS!

13c. CITY OR TOWN

Baltimore

LAST

16b SOCIAL SECURITY NO

19h CONDITION FOR WHICH OPERATION WAS PERFORA

MONTH DAY YEAR

19

481160850

M

White

USA

CLETUS

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY

MIDDLE

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c

IMMEDIATE CAUSE 10

22a.1 certify that (X (this haspital)_attended the deceased from

AND MENTALOYG			U C	0	8
	REG.		DAY	YE AR	12h HOUR
Y		10	16	84	7.15p M
5,1923	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS	DAYS	HOURS MIN.
3,1323	9 BALTIMORE CITY	YRS		EATH	
VER MARRIED	7 BALTIMORE CITT	OK COUN	III OF D	EAIH	
DIVORCED X	BALTIMORE				MD.
RINSTITUTION	170. USUAL OCCUPA (TYPE OF WORK FOR MOS			LKIND C DUSTRY	OF BUSINESS OR
VD	Grounds-1	кеерет	r	Hos	pital
NO [13e.STREET ADDRESS		agenture ,	/22 St.	4
THER'S MAIDEN NAM	ME MIDDLE	E 1		LAS	
	ne L. Dool	in		(A)	ol .
ORMANT	ADD	RESS			
MC 3900 LC	CH RAVEN	BLVD	212	18	
nonar	y Arr	est		BETWEEN	IMATE INTERVAL ONSET AND DEATH
Insuf	ficiena	4		Da	YS
Oat C	ell CA	1		10	182
ATED TO THE TERM	INAL DISEASE OR CO	NDITION C	SIVEN IN	PART III	0.
PERFORMED	200 AUTOPSY?	IN CER	TIFYING	E FINDIN CAUSES	OF DEATH?
W IN HIRY OCCUPE	YES NO		YES [D D 4 D 7 O 1	NO []
W HOOKT OCCORR	ED (ENTER NATURE OF IN	JURY IN ITEM I	8 PART I O	K P AR1 2}	
CATION	CITY OR	IOMN	cc	YTMUC	STATE
230. 19 <u>84</u> (NX) (our) opinion o	, to OCTORF				that X (we) last causes stated
ATTENDING PHYSICIAN		AFF SICIAN D	/ 2	CO-	SIGNED -16-84
3900 LOCH	RAVEN BLV	D BAL	TO,	MD	21218

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial-Transit

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

KINNE

April 15.19

MARRIED NEVER MA

13d INSIDE CITY

15. MOTHER'S A

17 INFORMAN

21c HOW INJU

211 LOCATION

22e ADDRESS

YES X

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTIT

VAMC 3900 LOCH RAVEN BLVD

23d LOCATION

COUNTY STATE

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

I. DECEASED NAME

Male

COUNTRY Iowa

Maryland

14 FATHER'S NAME

Yes

IYES, NO OR UNKNOWNS

TO BIRTHPLACE ISLATE OR FOREIGN

10 CITY OR TOWN OF DEATH

BALTIMORE

Edward R. Kinney

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

190 DATE OF OPERATION

21d INJURY OCCURRED

WHILE

22b. SIGNAF

224 PHYSICIAN'S

71n ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased XIXeXX

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

WW

(TYPE OR PRINT)

3 SEX

Oct. 22,1984 St. Joseph

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Iowa City

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

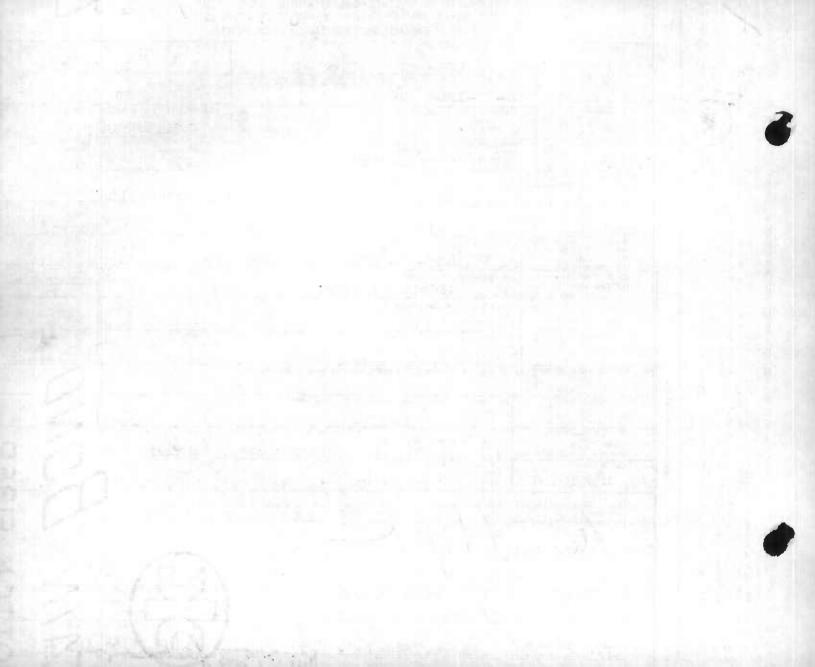
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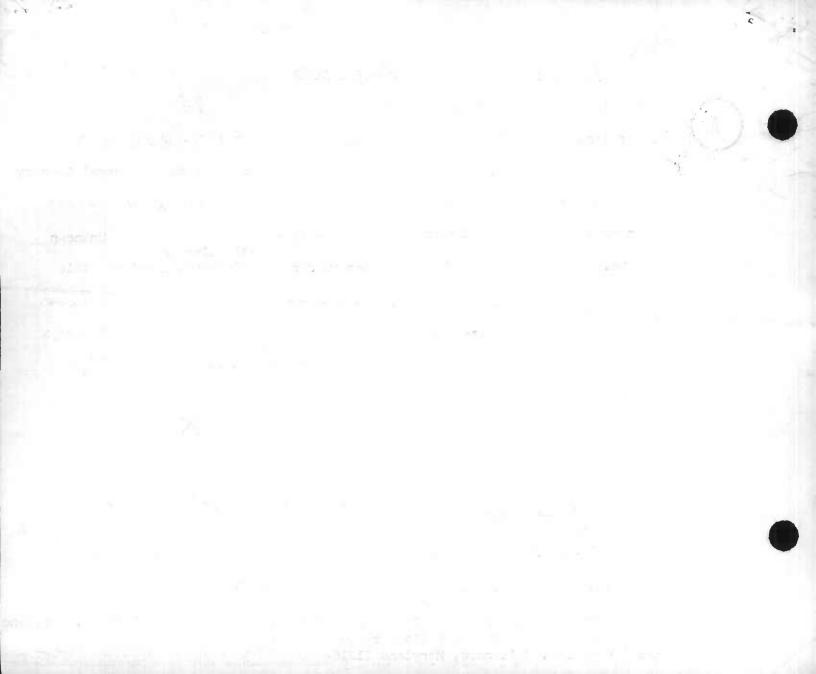
6500 York Rd Mitchell-Wiedefeld Home, Inc. Balto., Md.2121

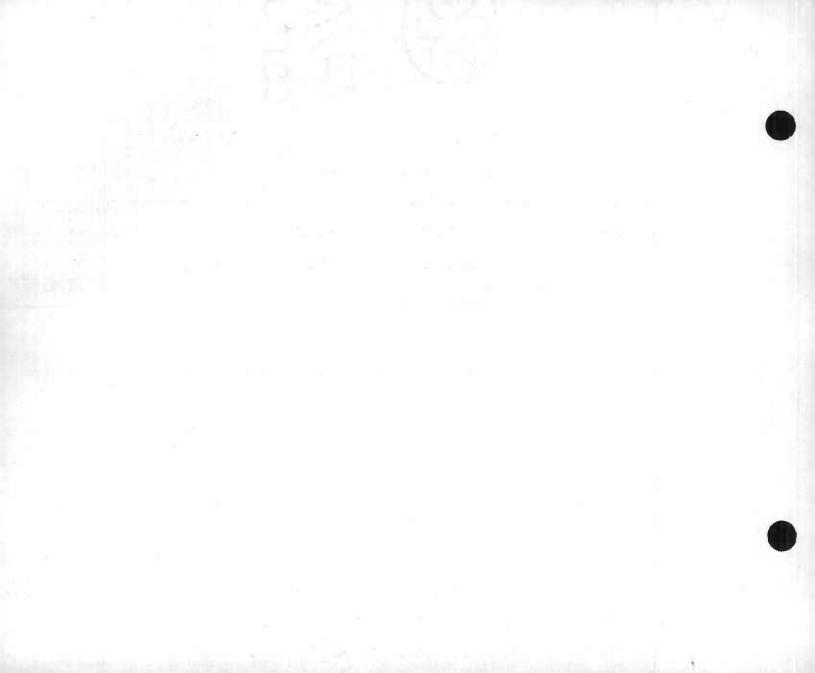
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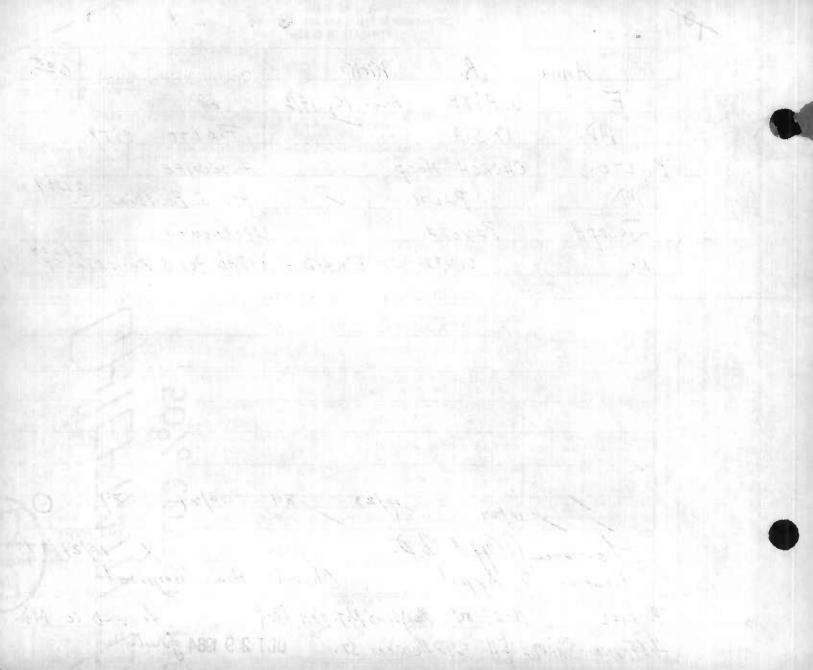
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1	1 -	FOR STATE			DEF		HEALTH AND		HENE Z	10	0 /	
70	L DE	REGISTRAR CEASED NAME	FIRST		MIDDLE	CERT	LAST	PERIII	REG. 2a. DATE OF DEATH		AY YEAR	2b. HOUR
o e o to		OD 00 4.	valte	ele			<1-6x		DATE OF BEATT	10 2		~ 13
poge proge	3. SE:			4 RACE	-		OF BIRTH		6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	F UNDER 24 HRS
96 7		. Make		u	hite	MO	TH DAY	YEAR OG	75	YRS.	ONTHS DAYS	HOURS MIN.
a (c. Ar)	7a Bi	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF		MARI	IED X NEVER		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		LY OR TOWN OF DEA	TH			URSING HOM	OR OTHER INS	NORCED	12a USUAL OCCUPA	ATION		F BUSINESS OR
201 softe	1	B71+			Sins		spitel		warehouse			rn Auto
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or drending physician. When this certificate has been signed by the ottending physician and cannot cannot be so the buriol-transit permit. Then please remove carbon papers. The standard hygene prior to buriol, cremation, or removal. In and Mental Hygene prior to buriol, cremation, or removal. Orked or them 18 shaws ony injury, or other traumatic event, the message scars been accorded.		AL RESIDENCE (IF NURS ITATE Md .	131 COUN	OTHER INSTITUTION TY		e before admissio R TOWN IMORE	13d. INSIDE (YES X)	CITY LIMITS?	13e STREET ADDRES	S/ZIP CODE		21214
YLA	14, FA	THER'S NAME						'S MAIDEN NA	ME		5 70	227274
MAR de de	G	eorge	٨	AIDDLE	Kirb		Ann	i ė	WIDDIE		Schu	ler
ORE,		VAS DECEASED EVER		MED FORCES?	166. SOCIAI	L SECURITY NO	17 INFORM	ANT .	ADD	RESS	1111	
TIMO De e		no			217-0	7-82592	Blanc	he C. K	irby 3001	Batavia		
BAL cote cote oper ovol.		PART I. DEATH W	H (Enter on)	y ane cause per	line far (a), ((b), and (c).)		HOTE	Carse C	34-34-31	BETWEEN	MATE INTERVAL DISET AND DEATH
ST., B g phys on pag remove		IMMEDIATE CAUSE (a) Cardie respiratory errest 5-1									10 min	
deoth ce ottendin nove corb				DUE TO, O	R AS A CON	SEQUENCE OF						
de d	471	Conditions, if any, gove rise to imn		(b)	20	A					4	d
by the by the ose rer		cause (a), statin underlying cause		DUE TO, O	R AS A CON	SEQUENCE OF						
201 seed to		DART 2 OTHER SICA	HEIC ANIT C	(c)	ALIADIDITALIA	AS CIONEATHE	IT NOT BELATE	D TO THE TERM	INAL DISEASE OR CO	NIDITION CIVI	The Lord The	
sgring sign. Then to bu	N O	A fis		CIA A				D TO THE TERM	IIINAL DISEASE OR CC	INDITION GIVE	N IN PART ITO	1,
been mit.	ATI	190 DATE OF OPERAT		196 COND		VHICH OPERAT	ON WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
TALRE TALRE lo sicion. The lo sicion. The los nsit perior perior propere prope	CERTIFICATION	The Park Tip A							YES NO	IN CERTIFY	ING CAUSES	OF DEATH?
NITA Nysico Const Hygiel B sh	CER	21a. ACCIDENT WAS UND				H DAY YEA	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM TO PA	RT 1 OR PART 2)	
OF ICIA B ph g ph errithiol-trinol-tr	ICAL	OR CONTRIBUTING (H DAY YEA						
SION OF VII	MEDI	21d. INJURY OCCURE		21e. PLACE		OFFICE, FARM, ETC	21f. LOCATE		CITY OR	IOWN	COUNTY	STATE
DING Por other the cost he morked	2	AT WORK NOT WH	ILE .			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
N O I O I O I O I O I O I O I O I O I O		22a I certify that (I)			e deceased				, ta			that (I) (we) last
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OR OR PER		226. SIGNATURE	-		1.0		DEGREE	ATTENDING	MEDICAL S1	AFF	22c. DATE S	SIGNED
RAL State		22d PHYSICIAN'S NA	50	Bar	MD		MD 122e ADDRES	PHYSICIAN [DIRECTOR PHY		10.	21.84
TO HOSPITA etoined by TO FUNERA should be de with the Sto		Davie		Spea	v M	P			Hospital,	B41+	unon	e.
5 5 5 ₹ 3 ₹ 1	23a E	URIAL, CREMATION,	REMOVAL	236. DATE		23c NAME OF	CEMETERY OR	CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
BP		Burial	0.29	10/24/8	84	Parkw	ood		Baltimo	ore, Md		
DHMH = 16 50M 4/83	24 FL	INERAL DIRECTOR		I A TELE	ADE	ORE SS		250 DAT	E REC'D. BY REGISTRA	AR 256 REGISTR	AR'S SIGNATI	JRE
(VRA 15, 4)		Leonard J.	Ruck	, Inc.			Rd	MCT	21 1004	10: K.	2 %	

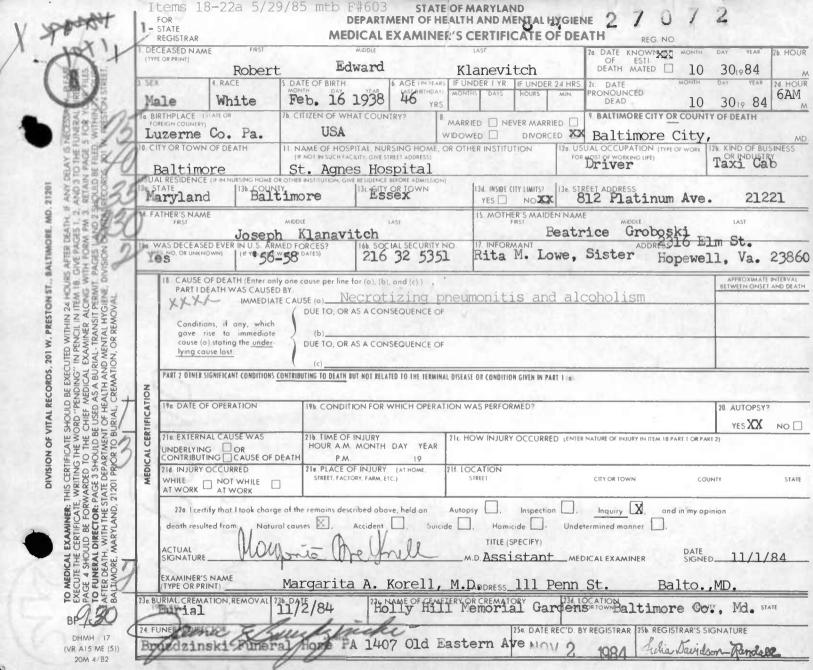
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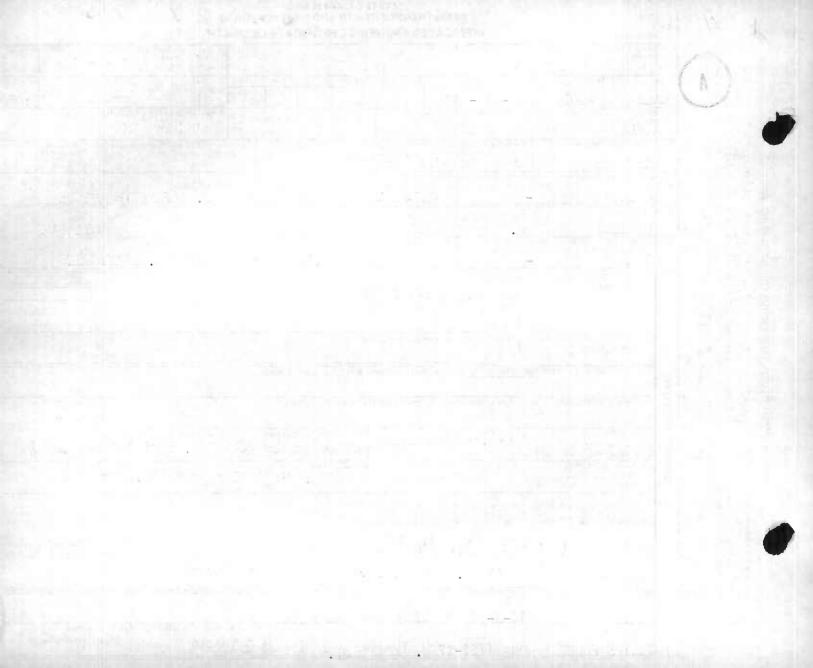
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(VRA 15, 4)

Fred Langer Knight

XXX	1 - FOR STATE REGISTI	RAR		MENT OF HEAL	TH AND MENTAL I		0.
No Se	1. DÉCEASED (TYPE OR PRIN	1)	NARD	KNIG	LAST T	20. DATE KNOWNX. OF ESTI- DEATH MATED	10 1 01
AS TO THE PERSON	3. SEX MALE	4 RACE BLACK	S DATE OF BIRTH MONTH DAY YEAR 4 - 1 - 60	6. AGE (IN YEARS IF	UNDER I YR. (F UNDER	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	MONTH DAY YEAR 2d. HOUR 10-4-849 11:05A
CESSAR NERALD NOR YO WITHIN PRESID	70. BIRTHPLA FOREIGN CO MARYL	CF (STATE OR	76 CITIZEN OF WHAT COUN	ITRY?	RRIED W NEVER MARR	9. BALTIMORE CITY O	OR COUNTY OF DEATH
A PAGE SA		OWN OF DEATH	11. NAME OF HOSPITAL, NU (1F NOT IN SUCH FACILITY, GIVE S JOHNS HOPK IN	RSING HOME, OR O	THER INSTITUTION		PE OF WORK 126. KIND OF BUSINESS OR INDUSTRY
FE, MD 21201 ATH. IF ANY DE STAIN ON DE SHOULD BY WATER ON DE SHOULD BY WITH A RECORD BY WATER ON DE SHOULD BY WE SHOULD B	USUAL RESID	13b. COU	E OR OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY		13d. INSIDE CITY LIMITS? YES A NO	13e. STREET ADDRESS 2420 E. LAFAYE	ETTE AVENUE
ORE, MD			Н.	KNIGHT	15 MOTHER'S MAIDI FIRST GLORIA 17. INFORMANT	EN NAME MIDDLE ADDRESS	WILLIAMS
BALTIMORE, SS AFTER DEA' GWE PAGES I'TH FORM P PAGES I AN IVISION OF V	NO OF	(IF YES, GIV	re WAR OR DATES) anly ane cause per line far (a), (b)		GLORIA KN		BALTIMORE I APPROXIMATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M. CRITIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RETING THE WORD "PENDING" IN PENCIL IN ITEM 18. GOVE AGES 1, a SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF NEW PRIOR TO BURIAL, CREMATION, OR REMOVAL.	PA Cc gc co ly	onditions, if any, which is to immediate the conditions of any and the conditions of	ED BY: ATE CAUSE (o) Thorac DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	IC INJURY USEQUENCE OF			BETWEEN ONSET AND DEATH
AL RECORDS, OULD BE EXECT OULD BE EXECT OF PREDICAL ISED AS A BUR OF HEALTH AND	NO	OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NOT RELA			RT 1 (d).	20 AUTOPSY? YES 🐼 NO 🗆
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TO MEDICAL EXAMINE: THE EXECUTE THE COSTINGORE, THE PORMA TO FUNERAL DIRECTOR: PARAPITER DEATH WITH THE STAR BALTIMORE, MARKULAND, 22	deoth ACTUA	I certify that I taak cho resulted from: Nat LL TURE	rge of the remains described obcurol couses Accident	Suicide [M.D. Assistan	Undetermined monner ,	DATE 10-5-84
BP	230. BURIAL, C (SPECIFY) BURA 24 FUNERAL			NAME OF CEMETERY	OR CREMATORY	23d LÓCATION CITY OR TOWN	COUNTY STATE
DHMH - 17 (VR A (5 ME (5)) 20M 4/B2	PHILL	IPS FUNERAL	HOME 1721-27	N. MONROE	.58	1.1 1984av	Davidson-Randall

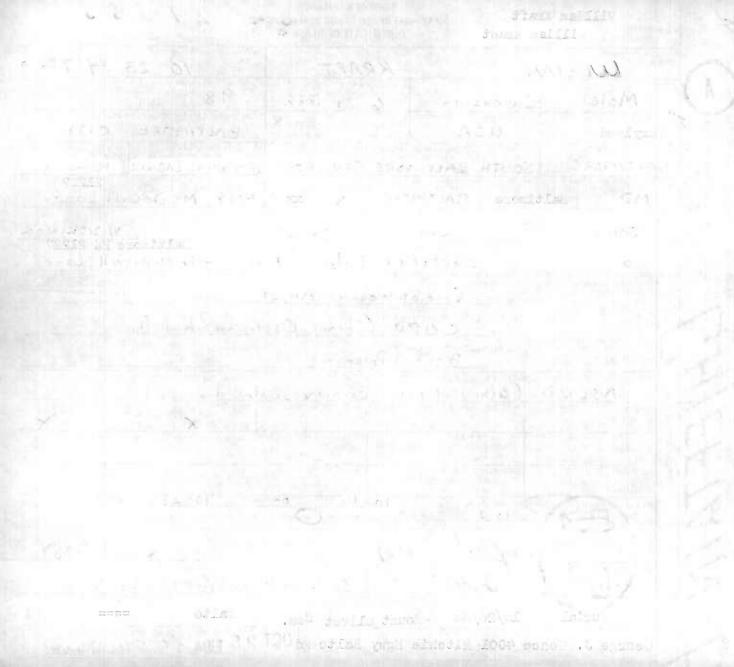


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS MAE KODER OCTOBER 18, 1984 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE LINDER 24 HDS oct. 8, 1906 Female White To BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY BALTIMORE CITY Pennsylvania U.S.A. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR THE JOHNS HOPKINS HOSPITAL TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) KORELL 130. STREET ADDRESS 401 Kumry Rd. 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Pennsylvania Bucks Trumbauersvillex NO [4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Lowright Edwin Heller Ella 17. INFORMANT Trumbauers VPffe, PA. 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 11-34-6550B Harold A. Koder, 401 Kumry Rd. No PER DR 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: esoiration avsert -2 WK IMMEDIATE CAUSE (a) APPROVAL DUE TO, OR AS A CONSEQUENCE OF troke Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? RELEASED NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above it (we) (digitald not) new the body after death, 22b. SIGNATURE 10/18/84 DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTAN 12d. PHYSICIAN'S NAME (TYPE OR PRINT 22ª ADDRESS Huspital 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Bucks. Oct.22,1984 Pleasant Hill Burial Springfield, ROBERTRE COR ALTENBURG FUNERAL HOME, INC. 1984 Julia Dandon Mandelle DHMH - 16 50M 4/R2 (VRA 15, 4) 6009 Harford Rd., Balto., Md. 21214

1996 The grant for Jagamed ... ent toll 0 intwest The second of the second . Ba lugura 100 , was be . Direct . IL 407-110 nortal beer 22, 1807 Flora and Mall Springsteld, Ducks, ROBERT C. ALVERTERS PURSEAL HOLE, 120. ULT 1 9 200 Junior Purse -

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Matical levels will the second referring to 11137 - Wilson, Leas 1771 Pageons ave. 21231 . DOT 2 5 984 Johnston - T- tark



within 24

executed Pe certificate

	DECEASED NAME FIRST	WIDDLE	LAST		REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	(TYPE OR PRINT) ANNA	BERTHA EDI'	TH KRAMER	1	10	24 84	4:00A
) 3	SEX FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY 12 23		6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
25	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVI	R MARRIED DIVORCED	9 BALTIMORE CITY OR COUN BALTIMORE CI		M
20	BALT IMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 2523 JAMES			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKER		OF BUSINESS OR
5	JSUAL RESIDENCE (# NURSING HOME O 3a. STATE MARYLAND 4. FATHER'S NAME FIRST JOHN	AND THE PROPERTY OF THE PROPER	RE YES X	E CITY LIMITS? NO ER'S MAIDEN NA FIRST ANNA	13e.STREET ADDRESS / ZIP CC 2523 JAMES STE ME		51
1	60 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VIE WAR OR DATES) 215-24-			ADDRESS ER 2523 JAMES ST	REET, 2	1230
	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), on ED BY: ITE CAUSE (a) DUE TO, OR A CONSEQUE DUE TO, ONSEQUE CONSEQUE CONSEQUE CONSEQUE	scherole	paro least	horoscula	ANPROX BETYPEEN Y U.S.	MATE INTERVAL ONSET AND DEATH

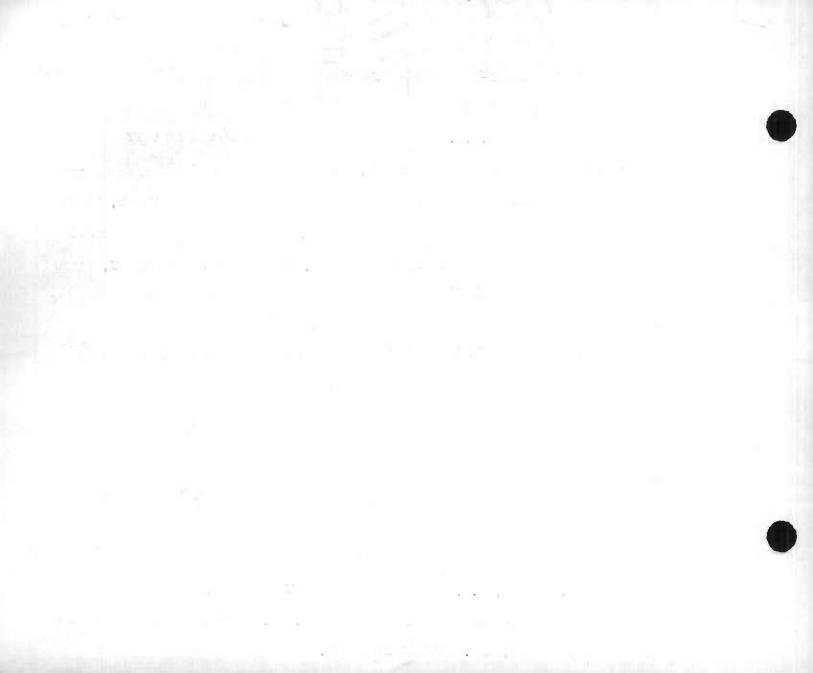
the burial-transit permit. and Mental Hygiene pria CERTIFICAT 9a DATE OF OPERATION 196 CONDITION FOR WHICH OFF TION WAS PERFORMED 70s AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 18 shows physician YES [NO [] 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH MEDICAL or Hem P.M. 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET 21 is marked 22s I certify that (1) (this haspited TO FUNERAL DIRECTOR: saw the deceased alive above, (1) (we) (did) (did) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated should be detached far with the State Dept. of MPORTANT: If hem DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MEDICAL 22d. PHYSICIAN'S NAME (TYPE OR POR 22e ADDRESS 5722 WESTVIEW MALL, BRYSON. 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23d LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY ELKR IDGE HOWARD MARYLAND BURIAL 10-27-84 MEADOWRIDGE MEM. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 135 REGISTRAR S SIGNAL RECORD HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

BP.

PHYSICIAN

OR ATTENDING

DHMH - 16 50M 4/83 (VRA 15, 4)



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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA YGIENE

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Belair 20 250 Offere To By 1984 And The Dest List Mandale MD 21236

	REGISTRAR				CERTIFICATE OF DEATH REG. NO.			D.				
		CEASED NAME	FIRST	Α	AIDDLE	ı	A51	20 DATE OF DEATH	MONTH DA	YEAR	2b HOUR	-
	(TYPE	OR PRINT)	MARGAI	RET I	4.	K	RAUS		10 16	84	A	A
	3 SEX	(4 RACE	31111111111	5. DATE C		6. AGE THE YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS	
	I	PEMALE		WHITE	3 4 4 7 5	TMONTH	29 ^{DAY} 28 ^{YEAR}	56	YRS.	NTHS DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR E	FOREIGN	TO CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH		Ī
5		MARYLAND	6-07	US	SA	WIDOWE		BALTIMORE	CITY		ME	٥.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOSPITAL,			TADDRESS)	DDRESS)		OCCUPATION RK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKING HOMEMAKING						
5	13a. S	AL RESIDENCE (IF NURS TATE MARYLAND	ING HOME OR		GIVE RESIDENCE BEFOR 13c. CITY OR TOV BALTIMO	VN_	13d. INSIDE CITY LIMITS? YES 🏝 NO 🗌	130 STREET ADDRESS 6115 Elir	ZIP CODE	enue	21206	-
_	.14. FA	THER'S NAME FIRST Lawre		AIDDLE	Trentle	er	15 MOTHER'S MAIDEN NA.	WE		Howaii	rd	
		160 WAS DECEASED EVER IN U.S. ARMED FORC (YES. NO OR UNKNOWN) (18 YES, GIVE WAR OR DAT			166 SOCIAL SEC	URITY NO	17 INFORMANT	ADDRE				-
	(1			WAR OR DATES)	ARORDATES) 212-20-2636 Lawrence J. Kraus 6115 Elinore Ave. 21					21206		
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL					7. NINAL DISEASE OR CON	DITION GIVER	18	monHes	7 =	
2	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, YES		NGS USED S OF DEATH? NO	
7	MEDICAL CER	210. ACCIDENT WAS UNI OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	P.,	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM TB PAR	T I OR PART ?}		
	MED	21d INJURY OCCURRED 21e PLACE OF INJURY AT WORK AT WOR						WN	COUNTY	STATE		
		220 I certify that (I) sow the deceas above, (I)	ed alive on	9/26	184 19	. 0	nd that in (my) (and opinion	to <u>GCTOBV</u> deoth occurred on the d	ate and hour o			
		226. SIGNATURE	Par	I Chi	my, ml	2	Tee innered	MEDICAL STAI	IAN 🗌	10/17	1/84	
		Paul Chan		COOR Samaritan W					4			
								Raven Blvd.	Room 1	$07(5^{2})$	32-3990)	_
		BURIAL, CREMATION,		23b. DATE 10-1			seph Ch. Cem.	23d LOCATION CITY OR TOWN	Balti	more,	Maryl'an	ıd

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DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

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milian, popidisi	onego ult. ciem.	L.Ja Baglani	
300 pt	Liver Section		Harrist House

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AD HY GIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 24 DATE OF DEATH MONTH I. DECEASED NAME 7b. HOUR LITYPE OR PRINTS JOHN FRED KRAUS JR. 4 RACE & AGE LIN YEARS LAST BIRTHDAYL 5 DATE OF BIRTH MALE WHITE 9 BALTIMORE CITY OR COUNTY OF DEATH A RINTHPLACE LISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED XXNEVER MARRIED Baltimore City Maryland USA WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Pork Packer St. Agnes Hospital Butcher SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 1136 COUNTY 13e STREET ADDRESS / ZIP CODE 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 5830 Edmondson Avenue Maryland Baltimore Catonsville NO TY 21228 H FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE John Fred Sr. Kraus Lena J. Kirner ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES INC OR UNKNOWN) LIF YES, GIVE WAR OR DATEST No 220-30-5507 Anita M. Kraus Same as # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF METHS TASES Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF Monchy Concinona underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [] 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 10 (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF LOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 228.1 certify that (1) (this haspital) attended the deceased from___ saw the deceased olive on_ _, and that in (my) (aur) opinian death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED. MEDICAL PHYSICIAN DIRECTOR PHYSICIAN HYSICIAN'S NAME ITYPE OF PRINTS 77e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

10/17/84 24 FUNERAL DIRECTOR Leroyam. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

73b. DATE

23e BURIAL CREMATION, REMOVAL

(SPECIFY)

Burial

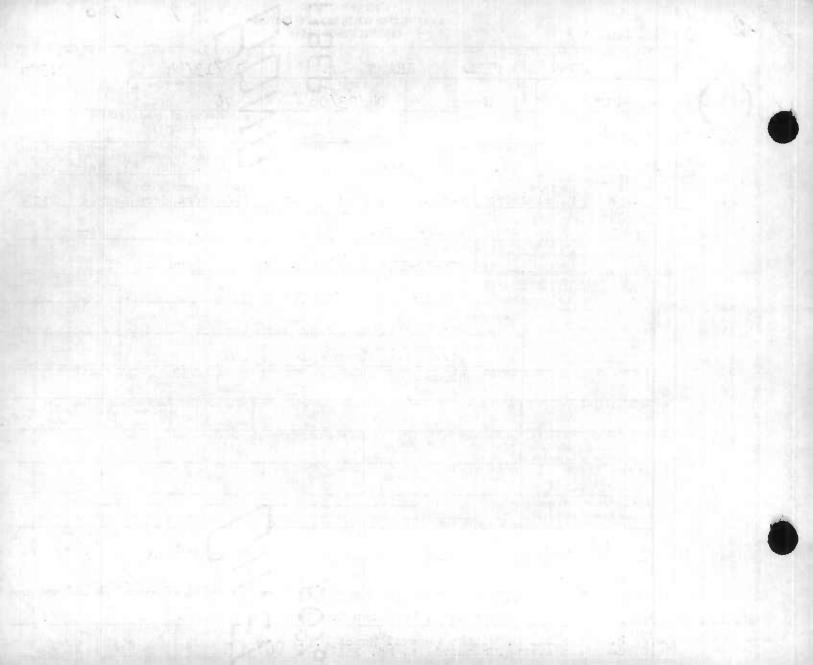
CITY OR TOWN Woodlawn Cemetery Woodlawn 250 DATE REC

St. Agnes Hospital, Baltimore, Md.

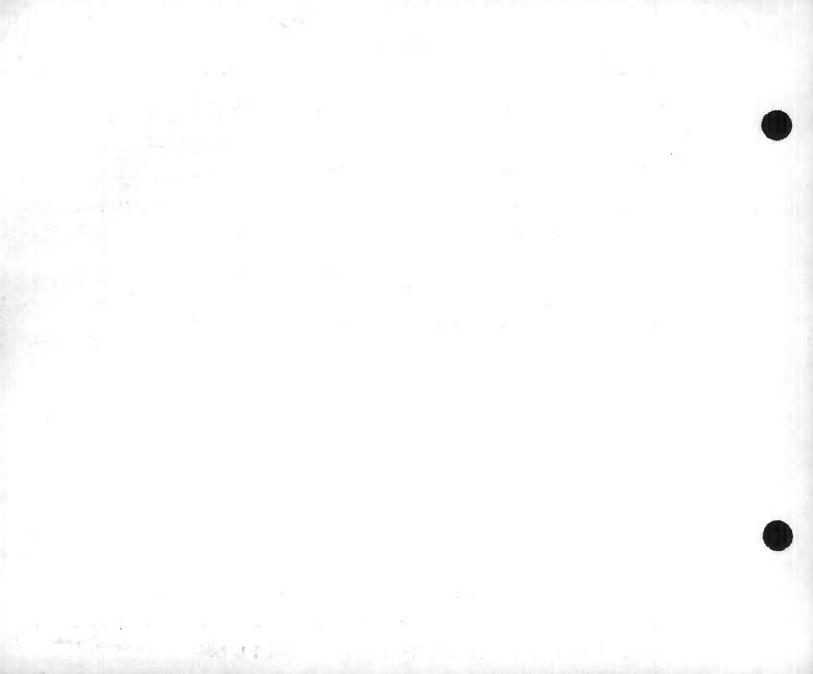
23d LOCATION

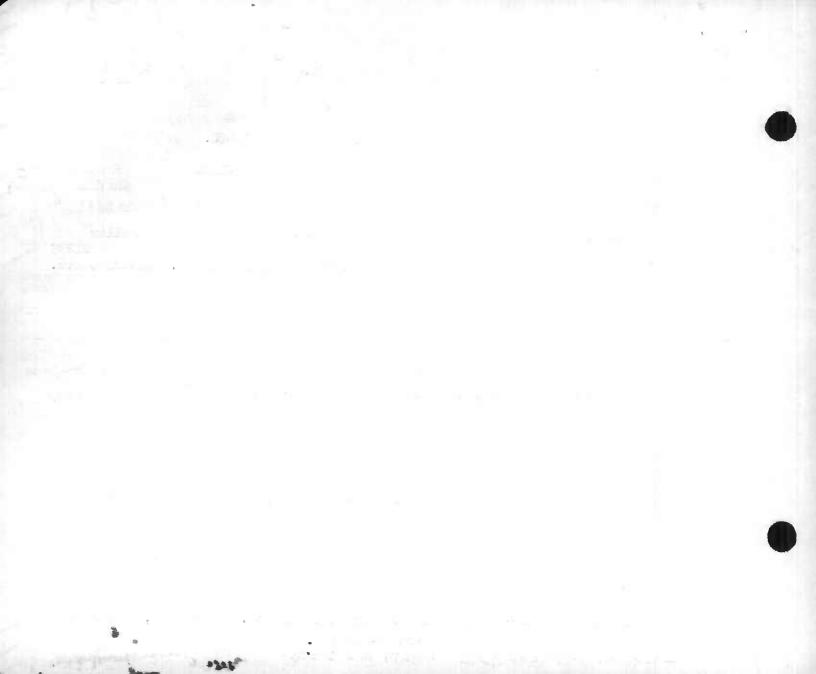
BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Md.



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FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTATHY CERTIFICATE OF DEATH	GTENE REG. NO.					
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	4				
	OTHY C.	KUTSNER	10	10 84 830 W				
1 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS				
Female	White	18-1920 YEAR	64	MONTHS DAYS HOURS MIN.				
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED X	BALTIMORE CITY OR COL					
BALTIMORE CITY	(IF NOT IN SUCH FACILITY, GIVE STR UNION MEMORIAI	L HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Disabled	12b. KIND OF BUSINESS OR INDUSTRY				
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO		YES NO		code e Ave. 21206				
14. FATHER'S NAME FIRST	MIDDLE Kutsner	IS MOTHER'S MAIDEN N FIRST Julia	M. MIDDLE	Smith				
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE		ADDRESS					
(YES, NO OR UNKNOWN) (IF YES, I	214-14-	-9499 Mary Chatmar	n,1119 Hoerner	La. 21205				
PART I. DEATH WAS CAU IMMEDI Conditions, if ony, which gove rise to immediate couse to i, stating the underlying couse lost	DUE TO, OR AS A CONSECTION OF THE CAUSE (b) TEN	al facture	t posseble anyl	wks mos				
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
19a DATE OF PERATION 21a ACCIDENT WAS UNDERLYING	196 CONDITION FORWHI	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)				
OR CONTRIBUTION OF STATES OF	DEATH	DAY YEAR 19 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM 18. PART I OR PART ?)				
4 CIT EITHER NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN COUNTY STA					
saw the deceased about	ptal) attended the deceased from 23 0 19 19 19 19 19 19 19 19 19 1		n death occurred on the date on	d hour and from the causes stated				
27d. PHYSICIAN'S NAME (IVE	ut & Com	DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10/10/89				
Robert	S. Tana		IAL HOSPITAL					

23c NAME OF CEMETERY OR CREMATORY

Lorraine

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: H H

Entombment 10-15-84 Lorrai

M FUNERAL DIRECTOR
Leonard J. Ruck, Inc.,5305 Harford Rd.

23b. DATE

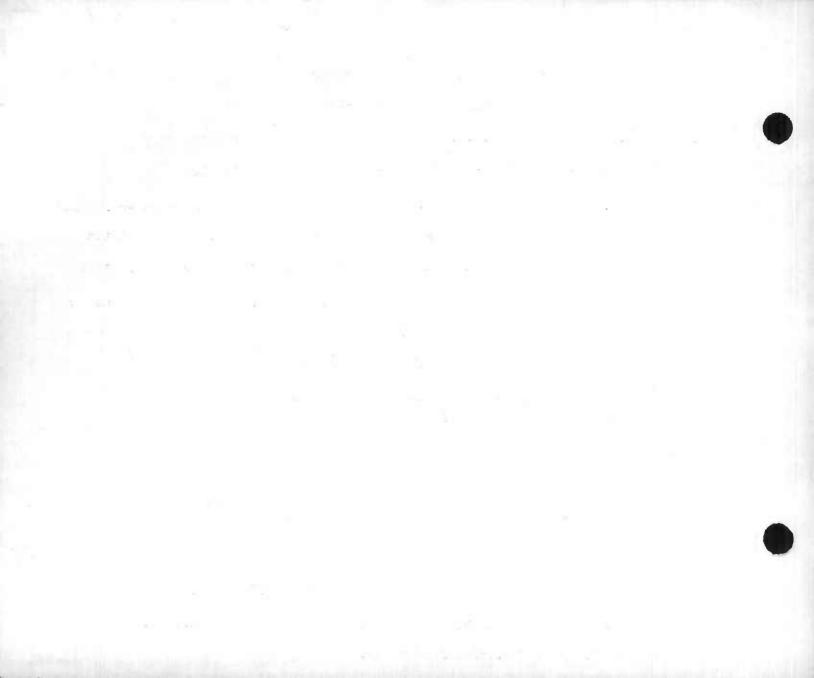
10-15-84

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

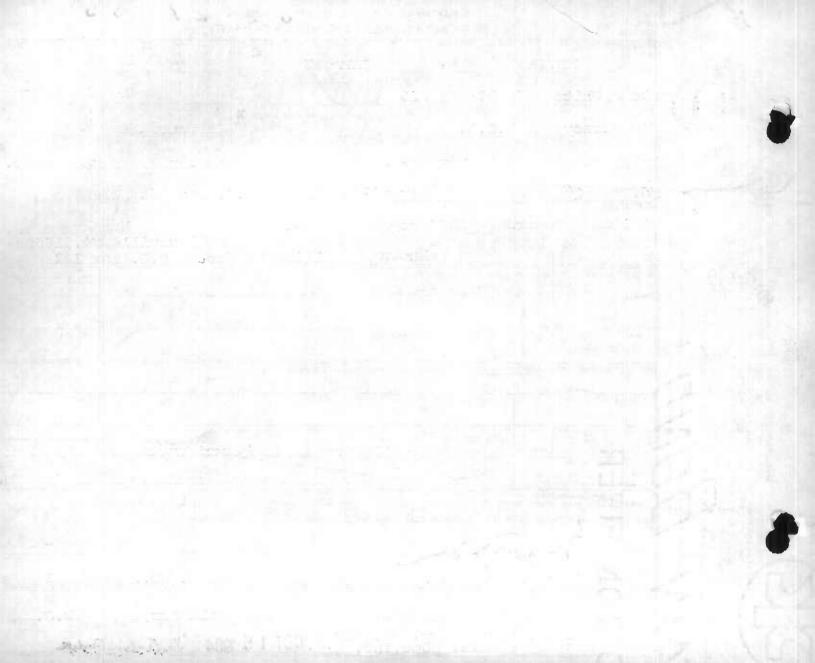
23d. LOCATION
CITY OR TOWN
Balto., Md.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE



20M 4/B2





rion evituoex ith Y. Increses, 10/00/14 01/11 1:09 rice ville tenry M. Jensin & one Co. 4505 Yenk Fozo Balto. WVE 21016

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

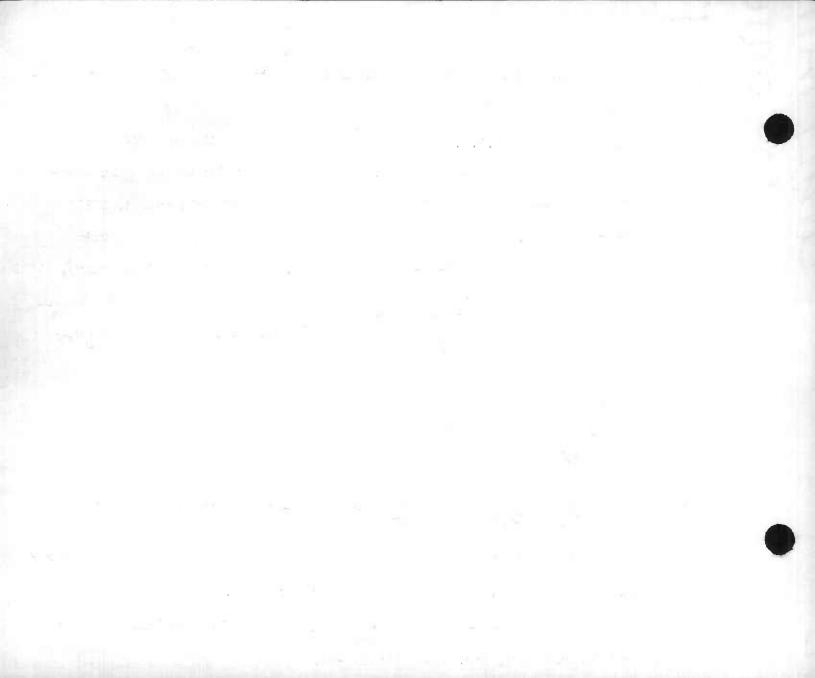
FOR - STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

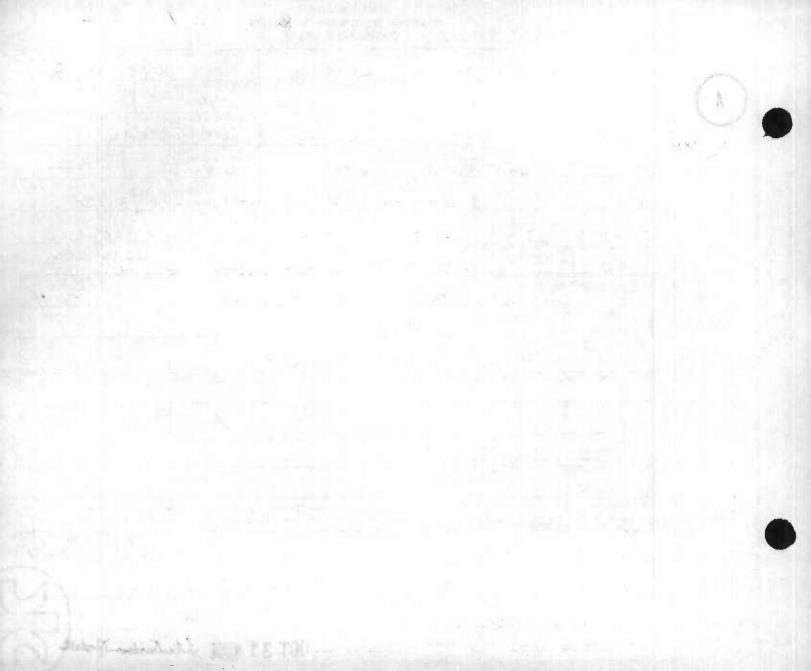
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH LAST 78 DATE OF DEATH MONTH 26. HOUR IF UNDER LYEAR IF UNDER 24 HRS 48 YRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Refurbishing Proctor-Silex 13e STREET ADDRESS / ZIP CODE 335 Yale Avenue, 21229 Harris Robert W. Lancaster 335 Yale Avenue, 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY and that in my (our) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNE Baltimore City Maryland BY REGISTRAR 256. REGISTBAR'S SIGNATURE

1 1984 Julia Davidson fundament 21229



1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGTENE 2 7	0 9 2
(1)	PECEASED NAME FIRST	MIDDLE	Lane	20. DATE OF DEATH MONTH	24/84 350
) 3.5	M	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 3 18 05		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
100	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	0 Baltimore	City MD
38	Baltimore	UNIV. of Md.	Hospital	120. USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORK UN VACUA	171 KIND OF BUSINESS OR INDUSTRY
B6 130	STATE 136 COL		WN 13d INSIDE CITY LIMITS	638 Wyeth St	55515 T
eu III	FATHER'S NAME FIRST THOMAS	MIDDLE LAST	110.01.4	WIDDLE	Conway
Jedico 160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C)	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 217-05		ADDRESS R. Dixon Brid	206 Delaware
tic event, th	PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), of SED BY: ATE CAUSE (a) Metast DUE TO, OR AS A CONSEQ	ratic Breast	Cancer	APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH
ar ather traumo	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(c)	leural Effusions	-	
y injury, o			DEATH BUT NOT RELATED TO THE T		N GIVEN IN PART 110
8 shaws ony injur	190 DATE OF OPERATION			YES NO INC	YES NO Y
dar Hem 18 s	OR CONTRIBUTION CAUSE OF S	HOUR A.M. MONTH P.M.	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITE	M IS PART (OR PART 2)
orked or	AT WORK AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
is m 21 is m	saw the deceased alive of abave, (I) (we) (did) (did)	spital) attended the deceased from an19, nat) view the bady after death.	and that in (my) (aur) apin	nion death accurred on the date and	
# Feat	SIGNATURE MYSLA THE MAY'S NAME (TYPE	Carly m	DEGREE ATTENDIN PHYSICIAN 220 ADDRESS		18/24/84
IMPORTANI 132	A 16 GCA	CORBIN	NAME OF CEMETERY OR CREMATO	OMD - HOSDI	tal
_	Removal	10/29/84		CITY OR TOWN	COUNTY STATE
/83	FUNERAL DIRECTOR NAME Anatomy B	oard ADDRESS		DATE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE



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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN L HY SIENE CERTIFICATE OF DEATH

	REGISTRAR				CERTII	CAILOI	PLATII	REG	NO.			150	
	CEASED NAME	FIRST	MIDI			AST		20. DATE OF DEATH		DAY	YEAR	26. HOL	JR
		LAWRENC	CE	C.	L	ARSEN			10	13	84	1:	30
3 SE	X	4 RA	CE	I Control	5. DATE C			6. AGE (IN YEARS LAS	BIRTHDAY)		ERTYEAR	IF UNDER	
	MALE		White		MOZIH	29	1901	83	YRS		DAYS	HOURS	Mil
	RIHPLACE (STATEORI	FOREIGN 76 CI	ITIZEN OF WH	IAT COUNT	RY? 8	A		9. BALTIMORE CIT			EATH		
	Norway	-77	U.S. A		WIDOWE	NEVER	MARRIED W	St. Agn	es Hos	D.			
10. ⊂	ITY OR TOWN OF DEA	ATH 11. I	NAME OF HO	SPITAL, NUR	SING HOME C			120 USUAL OCCUP	ATION	121	KINDO	F BUSINI	ESS C
	BALTIMORE	S	t. Agn	ACILITY, GIVE STI	REET ADDRESS)			Officer	st of working Mercha	nt M	DUSTRY arine		
USU	AL RESIDENCE (IF NURS	SING HOME OR OTHER	INSTITUTION GIV	E RESIDENCE BE	FORE ADMISSION)								, 0
130	Md.	13P COUNTA		Balto.	NWO	13d INSIDE	NO	3557 Ben			21	1 1	1
14. F/	ATHER'S NAME			Dal CO.			5 MAIDEN NA		arifer	nus		-	
	FIRST Unkn	MIDDLE		LAST	28 Jr. (1		FIRST	known			LAS	1	
160 \	WAS DECEASED EVER		FORCES? 114	b SOCIAL SE	CLIRITY NO	17 INFORM	ANIT	AD	DRESS				
	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)				3557	Benzinger	Rd. B	alto	. Md.	212	229
	no			433-24		Mrs.Ma	rgaret	E. Larsen	100				
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one	e couse per lin	e for (o), (b),			c	,			APPROXU BETWEEN C	NATE INTE	DEA
		IMMEDIATE CA	USE (o)	19-140	1065	NIC	S Hoch	<u></u>			VP	X>	
	31		DUE TO, OR A	S A CONSE	OUENCE OF						*		
	Conditions, if any,			A rate sail	FLET	T m	INC ADI	DIAL IN	CATRO	-	VA	y S	
	gove rise to imr		(b).M	y vict	0 11	1 111	100/100	mic av	111001				
	cause (o), statin	ng the	DUE TO, OR A	S A CONSE	QUENCE OF						VIC		
1	underlying couse	last.	(1) 56	EVER	E A	THER	SCLI	EROS15			15	AR.	5
	PART 2 OTHER SIGN	NIFICANT COND	ITIONS CON	TRIBUTING 1	O DEATH BUT	NOT RELATE	TO THE TERM	AINAL DISEASE OR CO	ONDITION	SIVENIN	PART No		
Z							, , , , , , , , , , , , , , , , , , , ,	in the proprioe on c	37.011.071	51121111			
AT	19a DATE OF OPERA	TION	19h CONDITIO	N FOR WH	CH OPERATIO	N WAS PERFO	DRMED	20g AUTOPSY?	20b IF	YES, WER	E FINDIN	IGS LISE	D
윤								/	INCER	TIFYING	CAUSES	OF DEA	TH?
CERTIFICATION	21g. ACCIDENT WAS UND	DERLYING []	71b. TIME OF II	VIIIRY		121r HOW II	AILIBA OCCIIB	RED (ENTER NATURE OF	_	YES D	0.0407.01	NO [
	OR CONTRIBUTING		HOUR A.M.		DAY YEAR	210.110W #	JOKI OCCOR	KED (ENTER NATURE OF	NJURY IN HEM	IS PARTIO	RPART 2)		
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-	AT WORK AT WO	HILE				100							
	22a I certify that						19_ & 4	, , , , , , , , , , , , , , , , , , , ,		19.0		tho (1)	(we)
	saw the decease	did) (did not) viev	3 Oct	19	184, on	d that in imy	(our) opinion	deoth occurred on the	dote and h	nour ond	from the	couses st	totec
	226-SIGNATURE	did) (did iidi) viev	w file dody off	er deom.		DEGREE	- 55				2c. DATE		
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	22d. RHYSICIAN'S NA	AME (TYPE CHESH	my			22e ADDRE		DIRECTOR PHY	SICIAN		130	ai	10
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	1 1010	ال	par				1 /	TONES	17	25]) T	什么	4_
	BURIAL, CREMATION,		b. DATE		3c. NAME OF C			23d. LOCATION		cour	4IY		STATE
	Burial		et.16,1		Woodla			Woodlawn	Be	alto.	5	Md.	
24													
(T	UNERAL DIRECTOR	chwab 35]	12 Fred	erick.	Ave. Re	Ito. Mo	25a DAT	TE REC'D. BY REGISTR	AR 25b. REG	ISTRAR'S	SIGNATI	JRE	
G	Timman Sc	chwab 351	12 Fred	erick.	Ave. Ba	lto. Mo	25a DAT	PT 1 6 400	AR 25b. REG	ISTRAR'S	SIGNATI	JRE	. 88

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this should be detached for use as the built the State Dept. of Health and M. MPORTANT: # hent 21 is marked

DHMH - 16 50M 4/83 (VRA 15, 4)

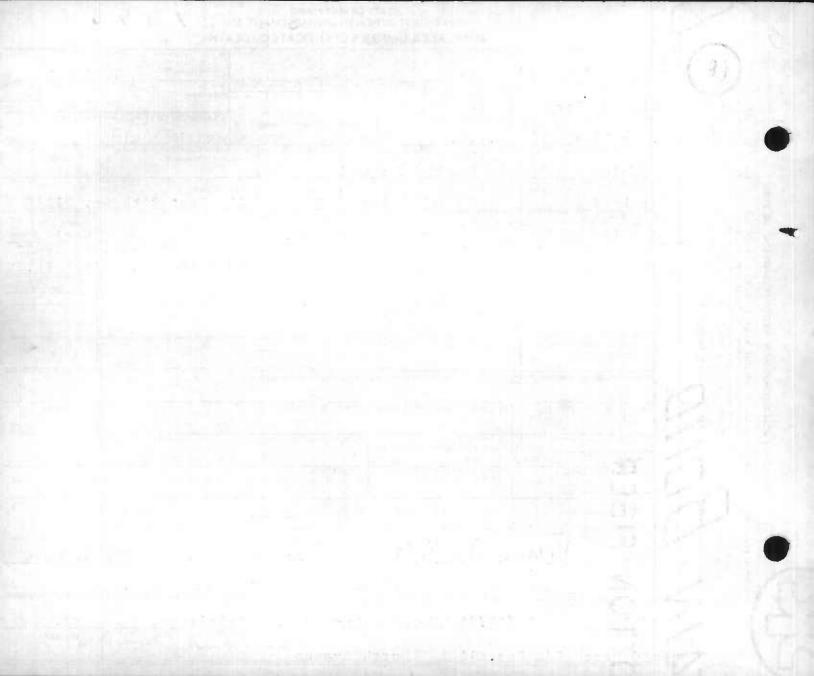
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HY OTENE

1.	FOR - STATE REGISTRAR		DEPART		IEALTH AND MENTAL HY		NO.	7 0		
	CEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUI	R
(144)	George		W. T.	aumar	n		10	29 81	8:11	5PM
1. SE	х осот 60	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS		24 HRS
	AT.E.	WILL	TTE	MONTH 6	30 1918	65	YRS		HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	0	DE NEVER MARRIED	9. BALTIMORE CIT				
M	ARYLAND	11	ISA	WIDOWE		Baltimo	re Ci	tv		MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION		ATION TOF WORKING		OF BUSINE	SS OR
A	Baltimore /	St. A	gnes Ho	spita	al	RETIR	ED-	LAW	ENFORC	MEN
	AL PESIDENCE (IF NURSING I MAN OF STATE	NTY	13c. CITY OR TOW CATONSVI	/N	13d INSIDE CITY LIMITS? YES NO X		ss / zip co onewa		21228	3
JA F	ATHER'S NAME GEORGE EDWA	RD RD	LAUMANN	1	IS. MOTHER'S MAIDEN NAM	P. MIDDL		SMITH	AST	
16a \	WAS DECEASED EVER IN U.S. AL		16b SOCIAL SECU	JRITY NO.	17. INFORMANT	AD	2115	Stoney	1077	DA
	YES NO OR UNKNOWN) (IF YES C	YE WAR OR DATES)	212-03	-3551	Elizabeth	R. Laum	ann	Balto.	せつこう	-
	18 CAUSE OF DEATH (Enter o	nly one cause pe	r line for (a), (b), an	dic 1	.0			APPRO BETWEE	DXIMATE INTER	VAL DEATH
	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (0)	OCu	4 (mony The	Meore.		In	rede	eli
NO	gave rise to immediate cause (a), stating the underlying cause last	((c)	OR AS A CONSEQUI		NOT RELATED TO THE TERM	INAL DISEASE OR C) MOITIDMC	GIVEN IN PART	11a	
CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	HYCER	YES, WERE FIND TIFYING CAUSI YES		H?
CER	210. ACCIDENT WAS UNDERLYING			AV VECS	21c HOW INJURY OCCUR			8 PART I OR PART 2))	
7	OR CONTRIBUTING CAUSE OF DE		.M. MONTH D.	AY YEAR						
MEDICAL	21d INJURY OCCURRED WHILE ATWORK	21e PLACE	OF INJURY REET FACTORY OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY O	RTOWN	COUNTY	51	TATE
	220.1 certify that (1) (this hasp saw the deceased alive all above, (1) (more that)	101	3 19.5	8	nd that in (my) (am apinion	death accurred on th	e date and h		, that (I) (w	
	III IGNATURE.	Pateri	to de	h		MEDICAL STRECTOR PHY	STAFF SICIAN [101	SIGNED	74
	CL/FF	RATL	11	R.	<u> </u>	25T V/e	w	MALL		
230	BURIAL, CREMATION, REMOVA (SPECIFY)	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		TATE
	BURTAL	NOV.2	1984 M	EADOWF	RIDGE MEM. PK	ELKRID	GE HO	WARD	MD	
24 F	UNERAL DIRECTOR		P.O.BOX	268	VON	E REC'D. BY REGISTE	AR 25h BEG	DEPARASION!	fer stable	
C	TACK FINERAL H	OME	ELLTCOTT	CTTY	.MD 21043	201	U			

6	1-	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	PIENE 2 7 0 S	9 /	
		EASED NAME FIRST		MIDDLE	i	AST	20. DATE OF DEATH MONTH DA		2b. HOUR
9 7 6	TYPE	ROSE		s,	LAV	ENSTEIN	10 1	1984	7:32 PM
Now 8 25	3. SE		4. RACE		5. DATE C		1	FUNDER I YEAR	IF UNDER 24 HRS
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o (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
4 6 6 1 1		ALTIMORE	U.	S. A.	WIDOWE		BALTIMORE CI	77	MD.
s offer d	1	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NUR JOH FACILITY, GIVE STI HOSPITA	REET ADDRESS)	BALTIMORE	130 USUAL OCCUPATION (TYPE OF WARKING LIFE)	12b. KIND O	HOME
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratherding physicion. With this certificate has been signed by the ottending physicion and completely filled in as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be lith and Mental Hygiene prior to buriol, cremation, or removal. Outled or them 18 shows only injury, or other traumatic event, the medical examiner must be	130. S	LERESIDENCE (IF NURSING HOME (TATE 13b COL 12CL	OR OTHER INSTITUTION	N. GIVE RESIDENCE BE 13c. CITY OR TO BALTIM	OWN	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 205 BOLTON PL	ACE	#21217
RYL within	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	LAS	ST
MA red v		SIMON		STEINE		LEAH		M.	AX
IMORE,		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	212-3		205 BOLTON	N LAVENSAPERN PLACE BALTO.,MD	21217	7
SALT ote to ppers od.		18 CAUSE OF DEATH (Enter	anly one cause pe	er line for (o), (b),	, ond (c).)			BETWEEN	ONSET AND DEATH
ST., BAL		PART I. DEATH WAS CAUS	ATE CAUSE (a)	ISCHEM	10 Box	NEL DIS.			2days
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death ce		Conditions, if any, which	(b)_	ARTERIC	SCLERO	TIC HEART I	>15	2	>1541
hot the hot the see rem		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	OR AS A CONSE	OUENCE OF				
n ple		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1	a,
RDS equi	O	MULTIPLE	E ADENO	MA OF	THYROI	D , MYOCARDIA	L ISCHEMIA		
TAL RECO	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
N OF VITA SICIAN: The paysicion of physicion of the physi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TB. PA	RT T OR PART 2}	
VISION O OPHYSIC OPHYSIC and this cert sthe burial and Ment	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	E OF INJURY STREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIN Or Se Or Manuel Man		220 I certify that (I) (this has	pital) attended t	the deceased fro	m OCTOBE	22 1984			that (I) (we) lost
TTEN putol TOR for u		saw the deceased alive of obove (I) (we) (did) (did)	on OCTABER	ly ofter death	9 84 01	nd that in (my) (our) opinion	death occurred on the date and haur	ond from the	causes stated
hos hos hed hed hed hed tem		22h SIGNATURE	A	y oner deam.		DEGREE		22c. DATE	SIGNED
AL O AL D AL D Die Done Die D		David Les	Sche	wande	~ 4	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	101	11984
HOSPITAL ned by the FUNERAL I I I I I I I I I I I I I I I I I I I		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			
100040		DAVID LEE	SCHRE	IBHAN		SINAI HO	OSPITAL, BALT.	MD.	
BP	23o. l	URIAL, CREMATION, REMOVA SPECIFY) BURIAL	23b. DATE OCT • 1	4,1984	OHR RNI ANSHE	SSETA TSKATL SFARD	23d LOCATION CITY OF TOWN BALTTMORE	COUNTY	MARY ĽÄND
DHMH - 16 50M 4/82	24 F	INERAL DIRECTOR SOL	LEVINSO	N & BROS			TE REC D. BY REGISTRAR 256. BEGISTR		
(VRA 15, 4)		010 REISTERST		ADDRE	55	1215 00	ST 18 1984 Julian	Javidson-	-Aandell

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21	F	OR			DEPART			AND MENT	AL4HYGIE	NE 2 7	7 0 9	8	
3		TATE EGISTRAR						ERTIFICA			REG. NO.		
	DEC	EASED NAME	FIRST		WIDDLE			LAST		2a. DATE K	OM T NWON	ONTH DAY	YEAR 25 HOUR
(3		OR PRINT)	(Joshua)			т	eak		Or	MATED	10 17 19	84
要して	SEX		ACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN		INDER 24 HRS			NTH DAY	YEAR 2d HOUR
	m 0	1e	black	MONTH DAY	34	50 YE	71101411	S DAYS HO	URS MIN.	PRONOUNG	CED	10 17 10	9:507
7		THPLACE (STATE)		7b. CITIZEN OF WI							RE CITY OR CO	10 17 19 DUNTY OF DEA	
17	_	Como 1		U.S.			WIDOW	EDXX NEVER	MARRIED	Dalles			
11		Caroli		II NAME OF HOS		RSING HOME			1 12a U	SUAL OCCUPA	ATION (TYPE OF W		OF BUSINESS
L		Da 114		(IF NOT IN SUCH FA	CILITY, GIVE ST	TREET ADDRESS)			FO	OR MOST OF WORKE	ING LIFE)		DUSTRY
Ú	JSUAI	Baltimon RESIDENCE (IEIN		Union M									
	3a. ST	ATE	136 COUNT		13c. CITY	OR TOWN		13d INSIDE CITY LIV		TREET ADDRES			
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		THER'S NAME FIRST		MIDDLE		LAST		15. MOTHER'S	WAIDEN NAV	WID	DLE	LAST	
9		essie AS DECEASED EV	ED INTER ART	ED 500.0550	Lea	ak Cial securit	VNO	Emma 17 INFORMAN	T		ADDDERG	Kinne	
7 1	(YES	, NO, OR UNKNOWN)					1			- I		sh.,DC	
L	- N	10			212	2-34-8	3141	Golda	Spen	cer 43	304 S.C		l St.SE
			ATH (Enter only	y ane cause per line	far (a), (b)), and (c).)						APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
i		TAKTIBEAT	IMMEDIATI	E CAUSE (a)				ive pul	monary	diseas	se		
				DUE TO, OR	AS A CON	ISEQUENCE (OF						
			if any, which to immediate	(b)									
		cause (a) stat	ting the <u>under-</u>	DUE TO, OR	AS A CON	ISEQUENCE (OF						
		7,119 00000		(c)									
	z	PART 2 OTNER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING TO OFATN	BUT NOT RELA	TED TO THE TERM	INAL OISEASE	OR CONDITION GIVE	EN IN PART 1 (a),				
-	CERTIFICATION	19a, DATE OF OPI	ERATION	19h CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORMED)?			20 AUT	OPSY2
2	5				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							200	
-	E	21a EXTERNAL C	AUSE WAS	21b. TIME OI	FINIURY		21c HC	W IN HIPY OCC	CLIPPED (ENTE	ER NATURE OF INTE	RY IN ITEM 18 PART T	YES	□ NOXX
		UNDERLYING CONTRIBUTING			MONTH	DAY YEAR	216.11	JAY IIAJOKI OCI	CORKED (ENIC	ER INATORE OF MAJO	RT IN HEM ID PART I	ORPARI 21	
1		CONTRIBUTING		21e PLACE (19 (AT HOME.	216 100	CATION					
	ME			STREET FACT	TORY, FARM, E			TREET		CITY OR TOW	N	COUNTY	STATE
	- 1	AT WORK	WORK										
		22a. 1 certify th	at I taak charge	e af the remains des	scribed aba	ive, held an	Autop	sy , Ins	pectian X.	Inquiry [, and in m	my apinian	
		death resulted fo	ram: Nature	al causes X.	Accident	, Su	icide 🗌	, Hamicide	Und	etermined man	nner ,		
			Ma	A	011	0.0		TITLE (SPECI					
		ACTUAL SIGNATURE	Mau	Inte VI	rego	ull	M	D Assis	tant ME	DICAL EXAMI	NER SI	IGNED 10/	18/84
2		EXAMINER'S NA	A.E.	1		1 91.3							
-		(TYPE OR PRINT)	" Mar	garita A	. Kor	ell, M	.D.	ADDRESS1	ll Pen	n St.	Balto.	,MD.	
2	3a.BU	RIAL, CREMATION	N, REMOVAL 23	b DATE	23c. N	NAME OF CE	METERY O	RCREMATORY		LOCATION		COUNTY	STATE
	E	BURIAL		10/20/8	4 M	ount	Aubu	rn Cem		altimo		Md	1.
2		NERAL DIRECTOR	?	ADDRESS			A. 17	25a.	DATE-RECED.	PY RECUSERAR	25b REGISTRA	R'S SIGNATURE	dell
1	Wn	C Mar	ch F/H	Inc. 1		E Nor	th A	venue		- NOT	4		A
/00													



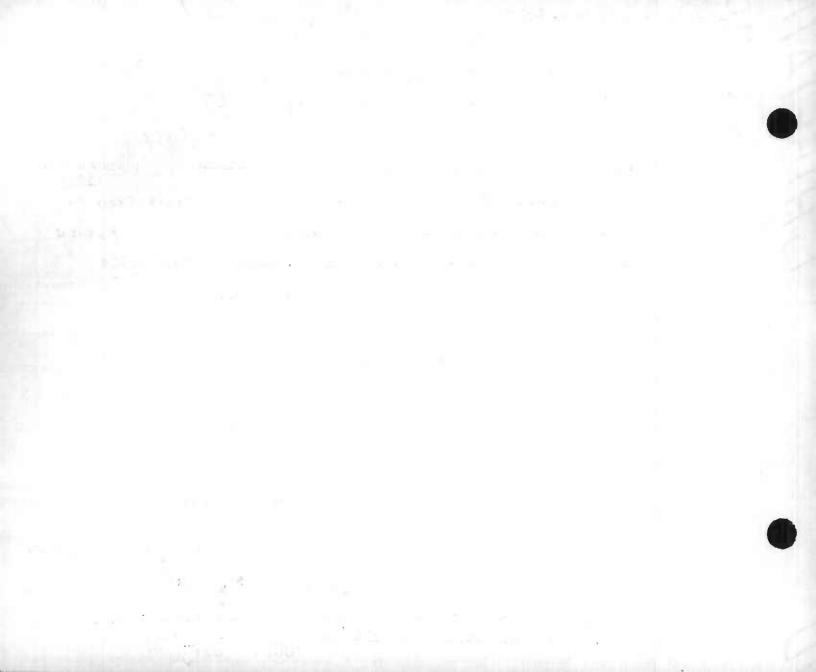
(VRA 15, 4)

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THE CASE OF SERVICE

DATE COL to proclam west. present with morall policy submitted & PARCHETE CONTINUES 97 15 joi 28 5 joi CHINO ISN -



(VRA 15, 4)

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYDIENE	
CERTIFICATE OF DEATH	

L HYÖIENE	Ga .		17	10	(
	REG. I	NO. (1	10	4
2a	DATE OF DEATH	MONTH	DAY	YEAR	26 HOU

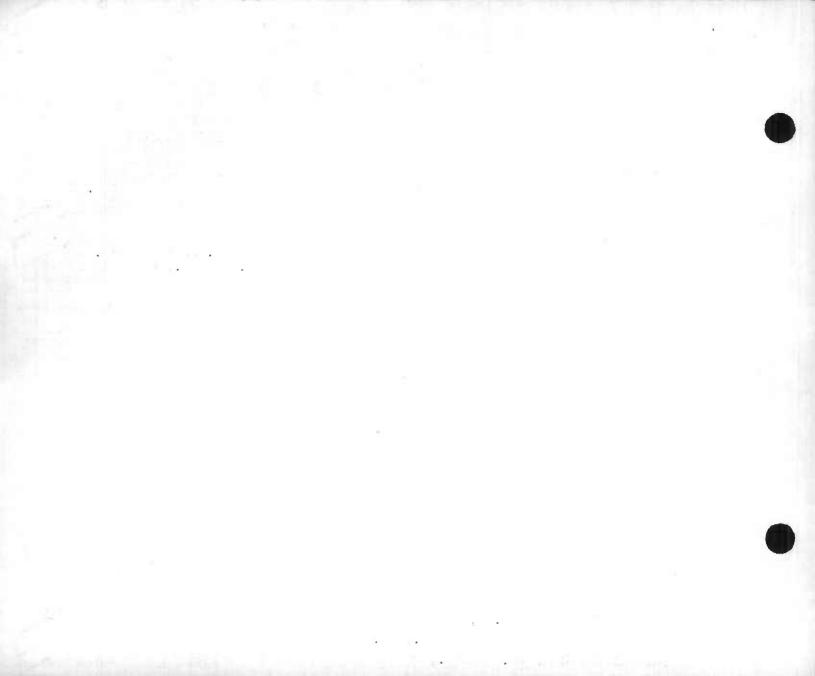
(7)	1	STATE REGISTRAR	DEPAR	CERTIF	2710	06		
U		CEASED NAME PIRST	MIDDLE	evi	72	2a DATE OF DEATH	O 1189	3,45pm
)	3. SE)	EMALE	4. RACE WHITE	S. DATE O	- U	6. AGE (IN YEARS LAST BIRTH	YRS. IF UNDER LYEA	
33	VI	RTHPLACE (STATE OR FOREIGN RGINIA	76. CITIZEN OF WHAT COUNTRY	WIDOWE		BALT IMOR	ECITY	MD.
per 2	В.	ALTIMORE	- 11 4	et ADDRESS) B	ROTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE INDUSTR	FISHER FU
35	13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFF INTY 136. GTY OR JOY	NOYC	13d INSIDE CITY LIMITS? YES XX NO [26	ZIP CODE APT.	204 #21209
exigmine CO	14. FA	THER'S NAME ISRAEL	GIFTER		15. MOTHER'S MAIDEN NAME MAE	MIDDLE	LURI	
medical	16a. V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 2/7-0/-		17. INFORMANT H 2223 ROGENE	ARRY S. 12EV: DR. BALTO.	, MD 2120	
ony injury, ar other traumatic event, the	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost	ONDITIONS CONDITION FOR WHICE	UENCE OF LEGISTAL BUT	Y OYICH.	INAL DISEASE OR COND		Tio DINGS USED
shows	ERTIFIC	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES 🗌	NO 🗌
rked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK ALL WORK AT WORK	HOUR A.M. MONTH	19	711 LOCATION STREET	CITY OR TOV		STATE
MPORTANT: If Hem 21 is morked or Item 18		27a.l certify that (1) (this hasp	oitol) ottended the deceosed from n 10 - 11 19.	84 or	19 54 Id that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c DA	that (1) (we) last he causes stated TE SIGNED 1 -84
PORTAN		224 PHYSICIAN'S NAMI (TYPE	OR PRINTI BUSI		Smailto	spital of	Balt.	
3		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	OCT 14, 1984 23c	BETH T	EMETERY OF CREMATORY	BALT TMOR	E COUNTY	MARYLAND
/83	24 FI	UNERAL DIRECTOR SOL	LEVINSON & BROS	.,INC.	25a. DAT	E REC'D. BY REGISTRAR	Sh. REGISTRAR'S SIGN	ATURE

DHMH - 16 50M -(VRA 15, 4)

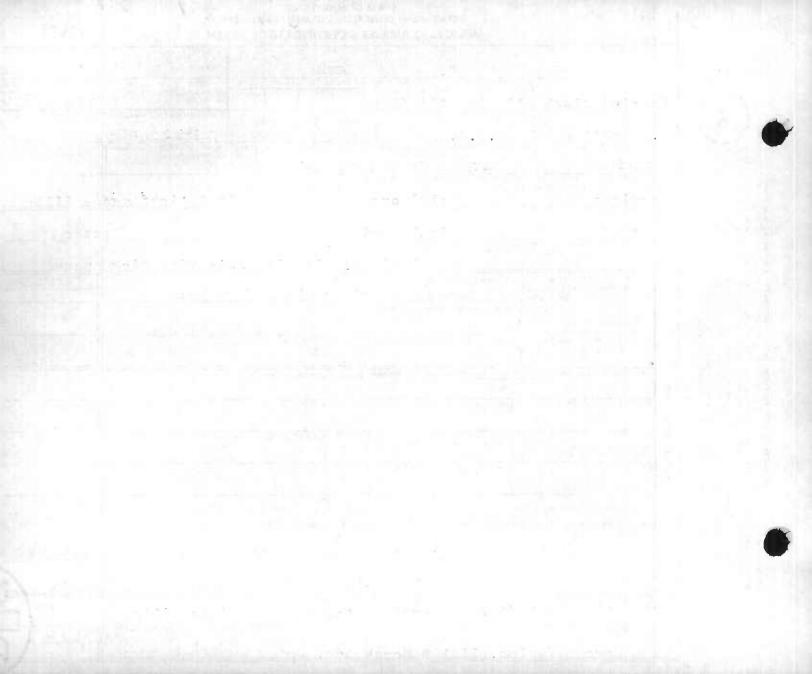
BALTO. . 6010 REISTERSTOWN RD

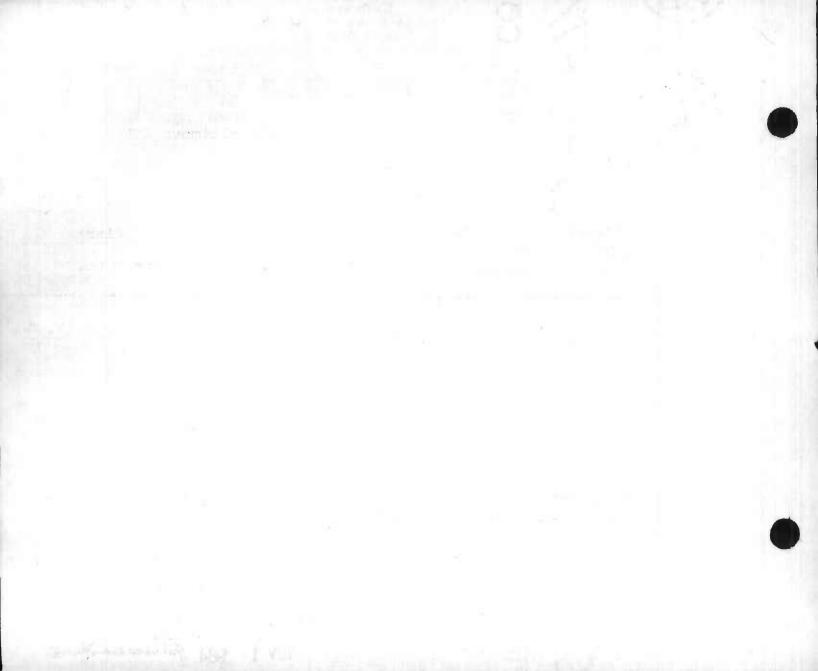
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V	A	11-	STATE REGISTRAR						TIFICATE		REG. N	10 2 -	1107	
1		1. DE	CEASED NAME	FIRST		WIDDLE		LAST		20. D	ATE KNOWN	-	DAY YEAR	2b HOUR
	% × × × × +	(TYP	E OR PRINT)	Bernio	ce	S.		Lewi	S		OF ESTI-		16 19 84	
	PLEASE CTOR. FILES. HOURS TREET,	3. SEX	4	RACE	5. DATE OF BIRTH		AGE (IN YEARS	IF UNDER	YR. IF UNDER		DATE	MONTH	DAY YEAR	24 HOUR
	BREA	F	emale	Black	12 18	24	59 YRS.	MONTHS D	PAYS HOURS	MIN PRON	OUNCED DEAD	10	16 1984	4:02P
3-	(F. A. S.	70. B	RTHPLACE (STA		76 CITIZEN OF WI		RY? 8	MARRIED [NEVER MARE	RIED 7. BA	LTIMORE CITY			- 1
1	新語の意味しつ	N	Caro		U.S.	Α.	\	VIDOWED [CED 🗆 Ba	altimore			MD.
	2. 基品品 · · ·	-	TY OR TOWN C		11. NAME OF HOS			OR OTHER IN	STITUTION	120 USUAL OF	CCUPATION (T F WORKING LIFE)	YPE OF WORK	OR INDUSTR	SINESS
	SE PATO		Baltimo				eneral		tal					
201	SEE SE		L RESIDENCE (I	F IN NURSING HOME OR	OTHER INSTITUTION, GI	13c CITY O	RTOWN		NSIDE CITY LIMITS?	13e STREET AL				
. 21201	A PANA PANA PANA PANA PANA PANA PANA PA		arylan	d		Balt	imore		S X NO [8 Kirk	Aven	ue 212	18
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ORE			Farley	EVER IN U.S. ARM	ED EODCES2		letar		Ruby		ADDRE:		ster	
BALTIMORE, MD.	IRS AFTER DE CAVE PAGE WITH FORM POVISION OF	(Y	ES, NO, OR UNKNOY	(IF YES, GIVE W										
	PAK PAK	=	NO	DEATH (Seter cel	one cause per line		24-63	58 I C	laudia	Lewis	2208	Kirk	Avenue	INTERVAL
PRESTON ST.	ME AG HE		PARTIDEA	TH WAS CAUSED	BY:			tic ca	rdiovas	cular di	cosco		BETWEEN ONSET	AND DEATH
TO.	NICON INCOME		0.00	IMMEDIATE	C. 1002 (0)		EQUENCE OF	cre ca	Tatovas	carar a	Locase			
RES	THIN CIL IN NASI NEW NEW NEW NEW NEW NEW NEW NEW NEW NEW			s, if any, which	(6)									
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201 W.	ON BAL		lying cous	e lost.	(c)									
ORDS	E SHOULD BE EXECUTED WITHIN 24 HOU WORD." PENDING" IN PENCIL IN ITEM 18 E CHIEF MEDICAL EXAMINER ALONG Y BE USED AS A BURIAL-TRANSIT PERMIT NIT OF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
8	HEA A	CERTIFICATION	190. DATE OF	OPERATION	196 CONDI	TION FOR W	HICH OPERAT	ION WAS PE	RFORMED?				20 AUTOPSY)
/ITA	WORD WORD E CHIE SNI OF SURIA	FF	20 20 7										YES XX	NO 🗆
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DIVISI	ATE ATE	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK		OF INJURY TORY, FARM, ETC		21f. LOCATION STREET	ON	CITY	ORTOWN	COUN	NEY	STATE
	ATE. 1		22a certify	that I took charge	of the remains de	cribed abave	e, held an	Autopsy [N. Inspection	on . Inc	quiry .	and in my apir	nion	
1946	MINING FEET FETT FETT FETT FETT FETT FETT FET		deoth resulter	d fram: Nature	al couses X	Accident	, Suici	de 🔲,	Hamicide .	Undetermine	ed manner],		
	EXA CERT DIE WITH		ACTUAL	Maria	in A	. (1/	00		ITLE (SPECIFY)			DATE		
	ATH ATH		SIGNATURE_	Jucar	are 11	230	u	M.D	Assista	nt MEDICAL I	EXAMINER	DATE SIGNED	10/18/	84
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		EXAMINER'S N	NAME Ma	rgarita .					Penn St		Balt	.o.,MD.	
	BP BP		URIAL, CREMAT BURIAL	ION, REMOVAL 23	10/19/8	4 Ga	me of ceme rriso	TERY OR CRE	est VA	Owin	gs Mil	1s, COUNT	M	ď.
	DHMH - 17	24 F	UNERAL DIRECT	OR	ADDRESS				250. DATE	REC'D. BY REGI	STRAR 200 RE	GISTRAR'S SIC	SNATURE M	
	(VR A15 ME (5))	W		rch F/H	Inc. 1		North	AVA	OCT	1 8 198	34	, Davidson	Martines	
	20M 4/82													





executed within 24

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

REGISTRAR							RE			,		
DECEASED NAME	FIRST	N	AIDDLE		LAST		20. DATE OF DEA	TH MON				h. HOUR
TYPE OR PRINT)	COSIMO			LIB	ERTO		Octob	24	21	148	4	5:01
SEX		4 RACE		5. DATE (0	6 AGE IN YEARS LA	ST BIRTHDAY		IF UNDER 1		F UNDER 24 H
Male		White		Dec		SFAR	, 84		YRS.	MONTHS, [DAYS	HOURS N
BIRTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8.			9. BALTIMORE CI	TY OR CO		OF DEAT	H	
Ttaly		U.S.	Α.	WIDOWE	D X NEVER MAR		BALTIMO	RE C	ITY			
CITY OR TOWN OF	DEATH	11. NAME OF H	OSPITAL, NI	URSING HOME	OR OTHER INSTITU		12a USUAL OCCL				ND OF	BUSINESS
BALTIMORE		UNION	MEMOR	STREET ADDRESS)	PITAL		Ret work fr	rber	RKING LIF	E) INDUS	TRY	
BUAL RESIDENCE (# Bo. STATE Maryland	NURSING HOME OR		GIVE RESIDENCE 130 CITY OR Baltii	BEFORE ADMISSION) TOWN MORE	13d. INSIDE CITY	LIMITS?	35222 ADDR	diso	n Z	ane	2	1206
FATHER'S NAME		WIDDLE	LAS		15. MOTHER'S M	AIDEN NA						
Vincent		WIDDLE	Libe		Angeli	na	MID	DLE			Uni	known
WAS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT		A	DDRESS				
LYES NO OR UNKNOWN	(IF YES, GIVI	E WAR OR DATES)	212-01	-0628	/ Mrs.	Anna	Liberto	San	ne a	s # .	7.3e	
Canditions, if gove rise to couse (0), s	immediate itating the	DUE TO, OF	herosch	SEQUENCE OF	conary	Acten	Diseas	e		+		
gove rise to couse (o), s underlying co	any, which immediate stating the ouse lost. SIGNIFICANT C	DUE TO, OF (b) A1 DUE TO, OF (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	RAS A CONS Meroscher RAS A CONS A CUTE DITRIBUTING LITUS;	SEQUENCE OF ECOTIC (SEQUENCE OF RENAL GTO DEATH BUT HYPES!	Failure NOT RELATED TO	O THE TERM		CONDITIO		VEN IN PA		GS USED
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gove rise to couse (0), sunderlying couse (10), sunderlying country (1	any, which immediate toting the ouse lost. SIGNIFICANT C SET Dialo ERATION SUNDERLYING CAUSE OF DEA MEDICAL EXAMINER Of (1) (this hospit ceosed olive on the ceosed olive on the ceosed olive) (did) (did not set) (did)	DUE TO, OF (c) DUE TO, OF (c) ONDITIONS CO PLONDITIONS CO 19b CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE ((AT HOME STR TO) offended the October 1) view the body	RAS A CONS PCUTE DITRIBUTING LITUS; TION FOR W FINJURY M. MONTH M. DFINJURY BET FACTORY, O e deceosed f	SEQUENCE OF RENDER SEQUENCE SERVICE SER	Pailure POT RELATED TO PON WAS PERFORM 21c. HOW INJURE 21l. LOCATION STREET DEGREE ATTE PHY 22e ADDRESS	THE TERM NED RY OCCURR 19 84 ur) opinion of ENDING YSICIAN	200 AUTOPSY? YES NO ED (ENTER NATURE C Geoth occurred on MEDICAL DIRECTOR PI	200 IN PINJURY IN OR TOWN STAFF HYSICIAN PITAL	N. IF YES	COUN 19 8 9 122. []	INDINCUSES O	STATE
PART 2 OTHER: Adult ON 190. DATE OF OP 210. ACCIDENT WA OR CONTRIBUTING (IF ETHER, NOTIFY 21d. INJURY OCC WHILE AT WORK 22d. PHYSICION 22d. PHYSICION	any, which immediate toting the ouse lost. SIGNIFICANT C SET Dialo ERATION SUNDERLYING COURRED DI WHILE COURRED DI WHILE COURRED DI (I) (this hospit ceosed olive on the courred) (did) (did note) (did) (did note) (S NAME (TYPE O	DUE TO, OF (b) A1 DUE TO, OF (c)	RAS A CONS ACUTE PARTIBUTING ITUS; TION FOR W M. MONTH M. MONTH DET INJURY EET FACTORY, O e deceosed f 20 alter death.	SEQUENCE OF RENDER SEQUENCE SERVICE SER	Pailure NOT RELATED TO TON WAS PERFORM 21c. HOW INJUR 21l. LOCATION STREET ATTI PHY 22e ADDRESS UNION	THE TERM NED RY OCCURR 19 84 ur) opinion of ENDING YSICIAN	200 AUTOPSY? YES NO ED (ENTER NATURE C 10 Octob deoth occurred on MEDICAL DIRECTOR PI	200 IIN OR TOWN OR TOWN STAFF HYSICIAN PITAL WN	N. IF YES	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	INDINCUSES O	STATE

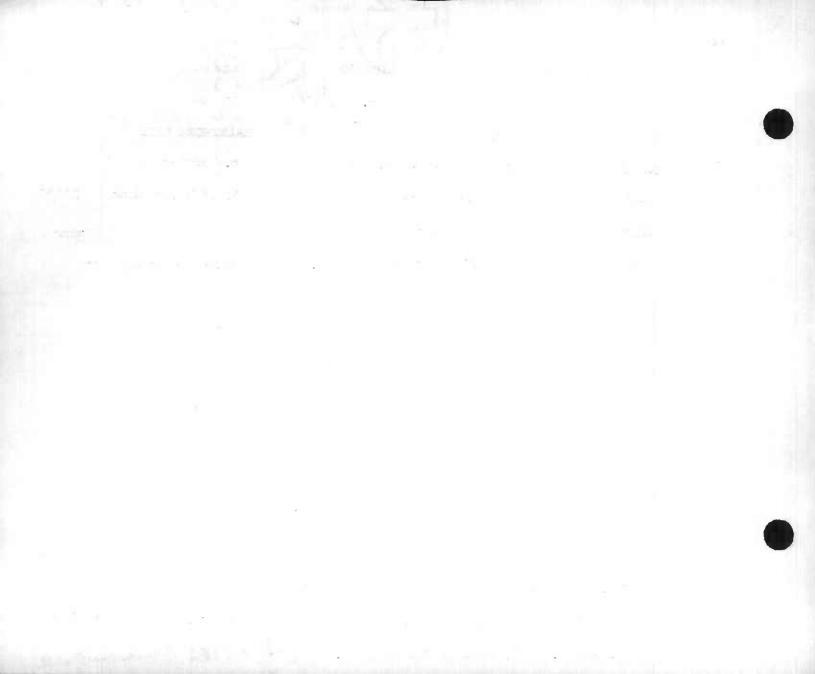
DHMH - 16 50M 4/83 (VRA 15, 4)

APORTANT: If Item 21 is marked ar Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-tronsit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

Leonard J. Ruck, Inc.

Baltimore, Md.

OCT 24 1984 Subartander Property



STATE

I. DECEASED NAME (TYPE OR PRINT)

Female

Maryland

TE BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

BALTIMORE

3. SEX

REGISTRAR

DOROTHY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

STATE OF MAR **DEPARTMENT OF HEALTH AI**

	DEPARTMENT C	ATE OF MARYLAND F HEALTH AND MENCAL HYO TIFICATE OF DEATH	NENE 2	7110
,	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
THY	S. LINDUNG		October 18.	1984 6:58pm
4 RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Whit	e þet	ober 3, 1905	79 YRS	
U.S.A		RIED NEVER MARRIED WED MORCED	BALTIMORE CITY OR COUN	
	HOSPITAL, NURSING HOA HOPK HOPK	NS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	12b. KIND OF BUSINESS OR INDUSTRY
	GIVE RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZIP CO 2702 Evergree	on Ave. 21214
AIDOLE	Schley	15 MOTHER'S MAIDEN NA FIRST Mary		Stenger
AED FORCES?	166. SOCIAL SECURITY N	D. 17 INFORMANT	ADDRESS	21204
WAN ON DATES	219-10-2588	Mrs. Mary D.	Hare 1542 Put	
y one couse per) BY: E CAUSE (o)	CAEROPULMO	VARY ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(b)_	R AS A CONSEQUENCE O			

	ryland	13b COUNTY	Baltimore	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP COD 2702 Evergreen	
	William	MIDDLE	Schley	15 MOTHER'S MAIDEN NAME FIRST Mary		Stenger
	VAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO		ADDRESS	21204
	14.0		219-10-2588	Mrs. Mary D.	Hare 1542 Puti	
	PART I. DEATH W.	I (Enter only one couse pe AS CAUSED BY: IMMEDIATE CAUSE (0)	CARROPULMON	VARY ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which (b)_ lediote (b)_ the DUE TO, C	DR AS A CONSEQUENCE OF			
VIION		Rowie Rente	ONTRIBUTING TO DEATH B	DIABETES -	AINAL DISEASE OR CONDITION GI	VEN IN PART 1:0
CERTIFICATION	9-25-8			EG - GANCESNE	IN CERT	IFYING CAUSES OF DEATH?
	OR CONTRIBUTING C	AUSE OF DEATH HOUR A	DF INJURY .M. MONTH DAY YEA .M. 19	AR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
MEDICAL	21d. INJURY OCCURR WHALE NOT WHI AT WORK AT WOR	LE [AT HOME ST	OF INJURY REEL FACTORY, OFFICE, FARM, ETC.)	,	CITY OR TOWN	COUNTY STATE
	sow the deceose	d alive on 10/18	1984	, 17	death occurred on the date and ho	, 19 that III Due) lost our and from the couses stated
	226. SIGNATURE	20 5 B20	@ WD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/18/84
	22d PHYSICIANS NA			JOHNS HO	pkins Hos	21-11
	CASI	ALE		10010 3 01	1 0 0 (0)	7174
	BURIAL, CREMATION, I (SPECIFY) Entombment			F CEMETERY OR CREMATORY EV Valley	23d LOCATION CITY OF TOWN	timore, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J. Ruck, Inc.

Baltimore, Md.

Baltimore, Maryland 258. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE mortandon Popular

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE INTON. HARGLB CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH "MONTH " " DAY 2b. HOUR MIDDLE L DECEASED NAME (TYPE OR PRINT) 6:55p. October 31. HAROLD L. LINTON 1984 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4. RACE 5 DATE OF BIRTH IF UNDER TYEAR Dec. 3, 1912 YEAR Male White 71 9. BALTIMORE CITY OR COUNTY OF DEATH G. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED BALTIMORE CITY U.S.A. Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Potomac Edison THE JOHNS HOPKINS HOSPITAL Lineman BALTIMORE NON-MED BY DR SMYTH PER MR PURVIS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 5733 Bartonsville Rd., 21701 Frederick Frederick Maryland NOVA 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Kintz Linton Carrie William 17 Mrs. B. Mae Linton 5733 Bartonsville Rd. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO puo (XES. NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 217-10-9422 Frederick, Md. 21701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO OR AS A CONSEQUENCE OF CONDIN Conditions, if ony, which gove rise to immediate couse (b), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 28b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 761VA 01/3 NO NO [YES 21a ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from RELEASED sow the deceased alive on. and that in (my) (aur) apinion death occurred an the date and hour and from the couses stated above, (1) (we) (did) (did nat) view the body ofter death 22h. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS ould be 23g. BURIAL CREMATION, REMOVAL Z30. DATE 23c. NAME OF CEMETERY OR CREMATORY Frederick, Frederick, 13, 1984 Mount Olivet Cemetery Burial 24 FUNERAL DIRECTOR Keeney & Basford Funeral Home DHMH - 16 50M 4/83 106 East Church Street Frederick, Md. 21701 Mg (VRA 15, 4)

STATE OF MARYLAND



C. March F/H 1101 E. North Aye

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYPENE

CERTIFICATE OF DEATH

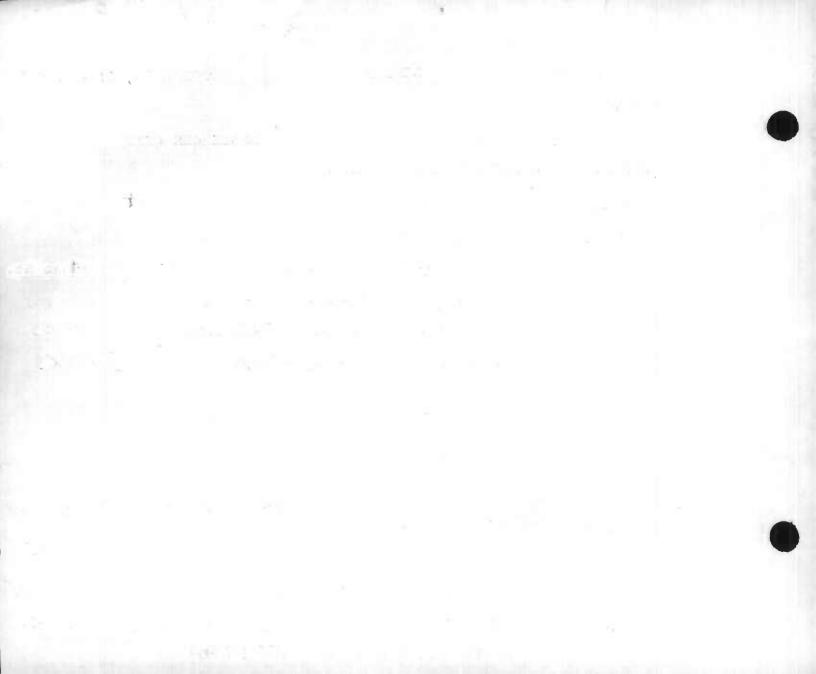
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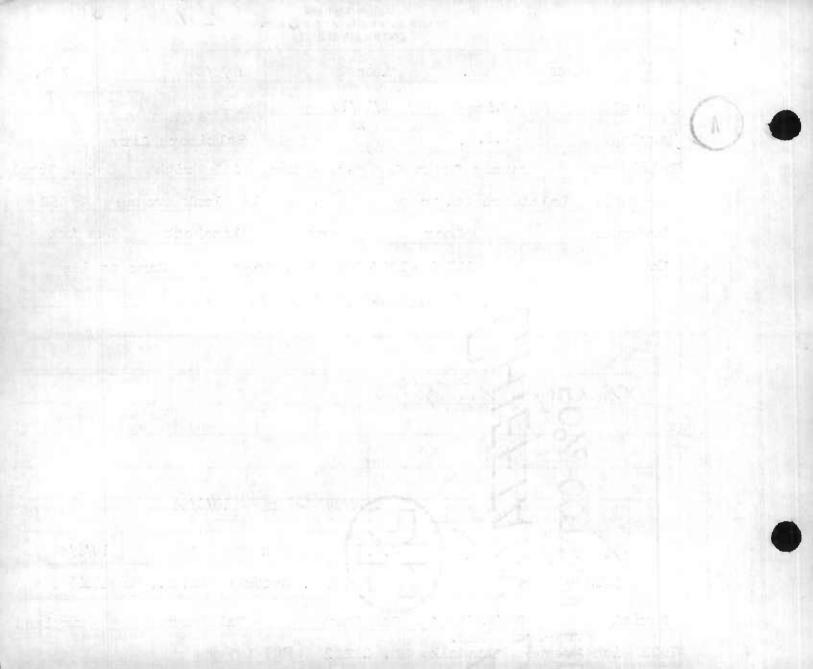
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FOR

STATE OF MARYLAND

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	84			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
	hoy be page 3 r deoth			AdELAID	E E.	LOTZ	10-1	3-84 9 AM			
	section po		3. SE	FEMALE	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR PI-16-99	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
	2 3	3	7a. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	9. BALTIMORE CITY OR COUNT	OF DEATH			
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-	by the filled with	Popular Popula	B	actimor E	Hamilton N	Isq Home	120. USUAL OCCUPATION IT THE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY HOmemaking			
AND 212	filled in ould be	Se Se	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE ITY OR BALL	TOWN 13d. INSIDE CITY LIMITS' TO MORE YES NO [? 13. STREET ADDRESS 42 0	9 L'OLL AVE.			
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E,	+ 0-			VAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	ADDRESS 550	4 Crain DIVE			
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₹	ot the	othe		underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF					
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DIVISION OF VITAL RECORDS,	Hy Signature	morked or	MEDICAL	21d INJURY OCCURRED WHILE NOW HILE IN TO WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
۵				220.1 certify that (I) (this haspin	tol) attended the deceased f	rom 10-6 197	5 10 10-13	19 8 + , that (1 (we) lost			
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	A A A A A A A A A A A A A A A A A A A	en	-	22b. SIGNATURE	1) view the body offer deoth.	DEGREE	1 2	22c. DATE SIGNED			
	the hortoched	±		Men (11600	MID ATTENDING	S ANEDICAL STAFF	10-12-84			
	SPITAL ed by 1 JNERAL d be de he State	ž		22d. PHYSICIAN S NAME (TYPE O	D PPIAITI	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	10 10			
	TO HOSPITAL retoined by the TO FUNERAL should be detained by the with the State	APORT.		2041	V C. Hy/0		un Pel Balto	1236 mel			
	BP		23a. E	SPECIFY) Burial	10-16-84	236. NAME OF CEMETERY OR CREMATOR Oak Lawn Cemetery	234 LOCATION CIBARTIMORE,	Maryland STATE			
	DUMB 14 8044 1	100	24. FI	JNERAL DIRECTOR	740	of Belmicks. 1501	DATE REC'D BY REGISTRAR (Sh. REGIS	TRAR'S SIGNATURE			
	OHMH - 16 50M 4/ (VRA 15, 4)	82	1	ASSAUN FUNEKA	L Neme 13 H	10 MD 21236	Glia Da	ridson-Randall			

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STATE OF MARYLAND

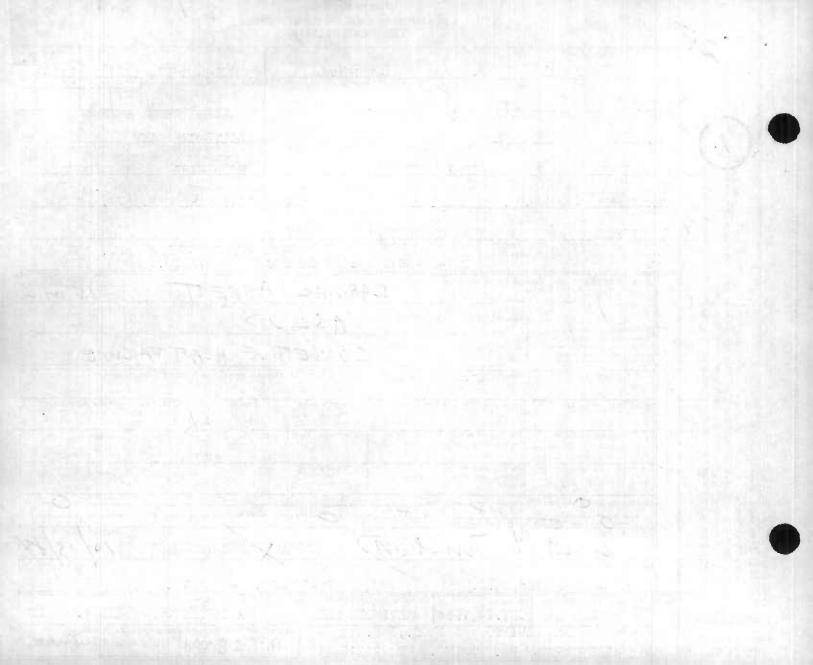
DEPARTMENT OF HEALTH AND MENCAL HYCHENE CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR			DEPART		HEALTH AND MENCAL HYG FICATE OF DEATH	HENE REG. 1	NO.		
		FIRST	,	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR D
[] T P E	OR PRINT)	DRE	ED H.	LOUE	ENS	LAGER	October 2	28, 1	984	7:15 M
3. SE			RACE		5. DATE	OF BIRTH	6. AGE LINYEARS LAST 8		IF UNDER I YEAR	IF UNDER 24 HRS
	Female		White	2	Feb	. 1, 1911 1 T	73	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOR	EIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
5	MD	\ \ \	US	SA	WIDOW		Baltimo	ore C	ity	MD
10 C	ITY OR TOWN OF DEATH	1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST			F BUSINESS OR
	Baltimore			esham .		ue	Marker		Clot	hing
13a S	AL RESIDENCE 1# NURSING STATE 13	HOME OR C		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Baltir	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 406 Eves	/ ZIP COL	Ave	21212
14 FA	ATHER'S NAME				1101 0	15. MOTHER'S MAIDEN NA	ME	110111		
	Charles		P.	Henry	V	Laura	MIDDLE		Potts	
	WAS DECEASED EVER IN	U.S. ARN	ED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDI	RESS	1 000	
t	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214 01	3300	Kathryn D.	Jensen,	New	York	
CERTIFICATION		diote the lost.	DUE TO, OI		DEATH 8UT	NOT RELATED TO THE TERM ON WAS PERFORMED	20a AUTOPSY?	20b. IF YI	ES, WERE FINDI	NGS USED 5 OF DEATH?
RT	71a. ACCIDENT WAS UNDER		21b. TIME O	E IN II IDV		Tal, How buildy occurs	YES NO		YES 🗌	ио 🗌
	OR CONTRIBUTING CAL			M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	TENTER NATURE OF IN	IURY IN ITEM 18	PARTIOR PART?)	
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	22b. SIGNATUR	ha !	9 fa	~	M.7		MEDICAL ST.	AFF ICIAN []	22c. DATE	29-84
	224 PHYSICIAN'S NAM	AE (TYPE OR	PRINT)			22e ADDRESS				
	Dr. John	Lav	in, M.	D.		6805 York	Road, Ba	alto.,	MD	
	BURIAL, CREMATION, RE	MOVAL	23b. DATE	23€	NAME OF	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial		11/1/			wridge Memo	orial, How	ard (Co.,	MD
24 FI	UNERAL DIRECTOR HE	enry	W. Je	enkins &	Sons	S Co. 25a DAT	E REC'D BY REGISTRA			
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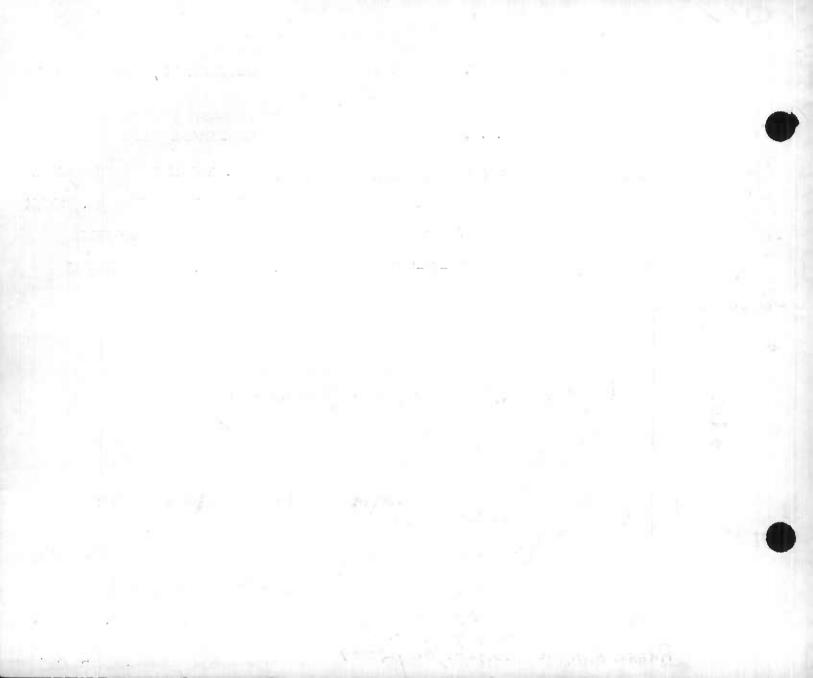
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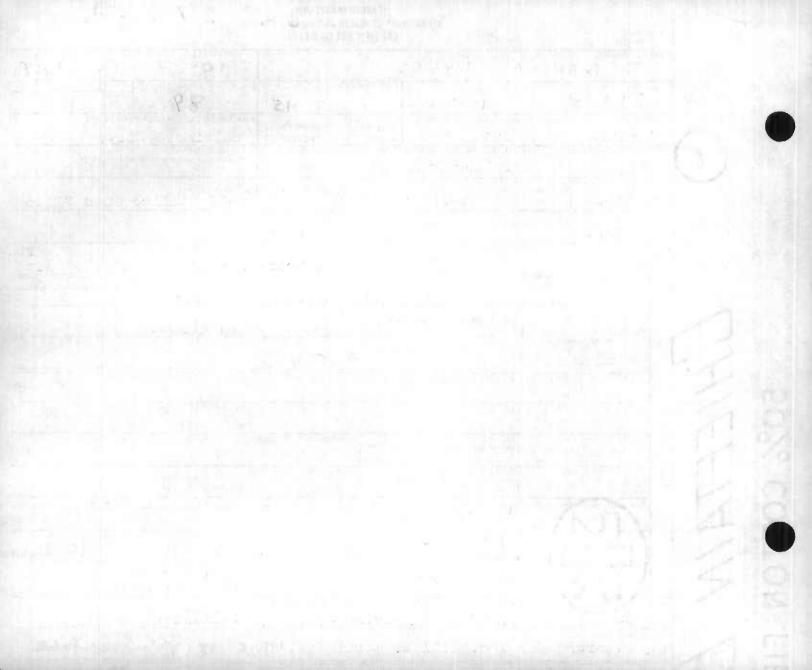


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be even		NAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	075-28-8893			ane,Beth Bage,Ny
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AL RECO	CERTIFICAT	190 DATE OF OPERATIO	0N 196 CONE	DITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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At OR A the Nos A DREEd and DREED an		226. SIGNATURE	rulu	MK	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	120 DATE SIGNED
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009999	23a	BURIAL, CREMATION, RE	MOVAL 236. DATE 11-3-8		of CEMETERY OR CREMATORY	23d LOCATION HU	Idson NY.
DHIMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR		vice, 1206W.N	25a. DA	ATE REC'D, BY REGISTRAR 2 P. REC	DELINGUE ACTURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY GIENE

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- STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME FIRST MIDDLE CTYPE OR PRINT) NA YNCH 4. RACE 5. DATE OF BIRTH 3. 5EX TO BIRTHPLACE ISLAN OFFICE ON 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED CITY OR JOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY NO [4 FATHERIS NAM 15 MOTHER'S MAIDEN ! MIDDLE IAN WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 21c. HOW INJURY OCC 214. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M THE INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) apinio above, (1) (we) (did) (did no) view the body after death 72% SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S MAME PER OR PRINT) 22 ADDRESS enne THE BUILDAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATOR 23b. DATE VERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

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AX		STATE REGISTRAR		MED	DICALE	EXAMIN	ER'S C	ERTIFIC	ATE O	F DEAT	H	REG. NO).		
1,	DEC	EASED NAME	FIRST	LIAM	MIDDLE			LAST		20	DATE K	NOWN ESTI-	MONTH	DAY YEAR	2h HOUR
1				GARET	T.	LYN	-					MATED [10/2	23/84	M
3	SEX	F 4. RA		DATE OF BIRTH MONTH DAY 6/18/18	YEAR	6. AGE (IN YEA LAST BIRTHDA	AY) MONTH	DER 1 YR.	HOURS		C DATE RONOUNG DEAD	CED	10/2	23/849	5:51
91	a BIR	THPLACE (STATE OF		6 CITIZEN OF WH	IAT COUN	TRY?	II. MARRI	ED NEV	FR MARRIE	D [X 9.	BALTIMO	ORE CITY O			
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7	ICAT	19a. DATE OF OPER	RATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?						
		UNDERLYING -	OR			DAY YEAR	21c. Ho	YAULMI WC	OCCURRE	O (ENTER NA	TURE OF INJU	URY IN ITEM 18	PART T OR PAR	YES	NO 🕅
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		228 certify tho death resulted fro ACTUAL SIGNATURE	ot I took chorge om: Noturo	178	gident	, Su	,	Homic TITLE (SI D. ASS	istant	Undeter		nner,	DATE	1000	/84
2	23a.BU		REMOVAL 236	DATE	23c. N	NAME OF CE			ORY	23d LOC	ATION	Wes asant	tches	ter Co	PEAR 24 HOUR 25 M MD. STATE AUTOPSY? YES NO MO STATE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 213 THE CERTIFICATE WRITING THE WORD STREAM PROPERTY. BALTIMORE, MD. 2130 THE CERTIFICATE WRITING THE WORD STREAM PROPERTY. BALTIMORE, MD. 2240 SECURED WITHIN 24 HOURS AFTER DEATH. IF AN EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN EXAMINER LINE AND WELL IN ITEM 18. GIVE PAGES 1. 2. AN EXAMINER DIRECTOR: PAGE 3 SHOULD BE CHEM PROPERTY. IN PROPING WITH FORM PAGE 3. 1. 2. AN EXAMINER DIRECTOR: PAGE 3 SHOULD BE CHEM PROPERTY. IN PROPING WITH FORM PAGE 3. 1. 2. AN EXAMINER DIRECTOR: PAGE 3 SHOULD BE CHEM PROPERTY. IN PROPING WITH FORM PAGE 3. AN EXAMINER DIRECTOR: PAGE 3 SHOULD BE CHEM PAGE 3. 1. 2. AN EXAMINER DIRECTOR: PAGE 3 SHOULD BE CHEM PAGE 3. 1. 2. AN EXAMINER DIRECTOR: PAGE 3 SHOULD BE CHEM PAGE 3. 1. 2. AN EXAMINER DIRECTOR: PAGE 3 SHOULD BE CHEM PAGE 3. 1. 2. AN EXAMINER DIRECTOR: PAGE 3 SHOULD BE CHEM PAGE 3. 1. 2. AN EXAMINER DIRECTOR: PAGE 3. 2. AN EXAMINER DIRECTOR: PAGE 3 SHOULD BE CHEM PAGE 3. 1. 2. AN EXAMINER DIRECTOR: PAGE 3. AN				10/26/84		ate of								New Y	
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front and trained and tenching to N. Charles et., 1-1 Seem sta V. Eurona done I I to charact You ___ UM II ___ 051 10 5008 Catherina F. Depanhaim, - MD 10/28/84 Gete of Heaven Mt. Plagatht. . Naw Yo Henry W. Jandie & Sone Co.

FOR STATE REGISTRAR CEASED NAME FIRE		1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	CAL HYCHEN
EASED NAME	FIRST	MIGDLE	LAST	20

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Julia Davidson Pandalle

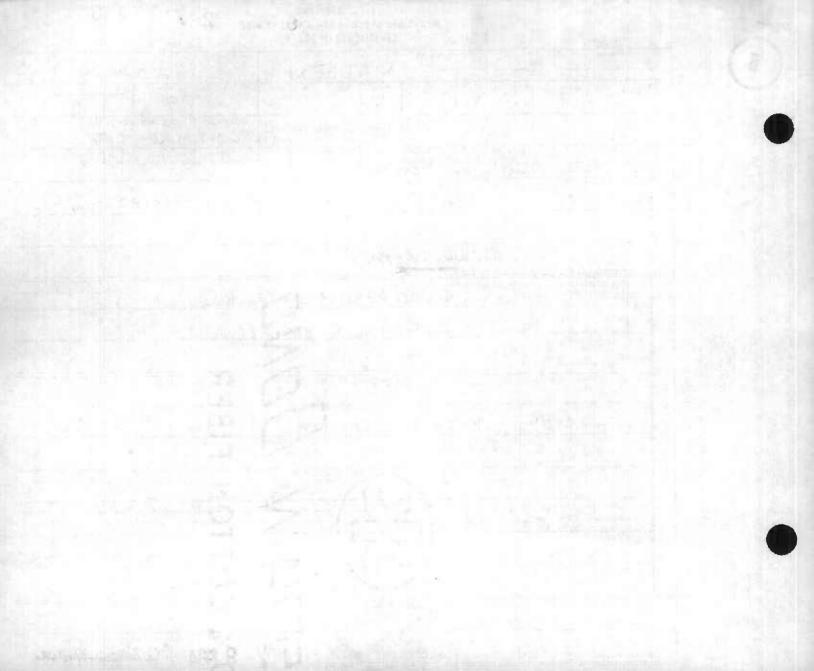
		REGISTRAR					REG. NO	٥.		
	1. DEC	EASED NAME FIRST	M	IODLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
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	3. SE>		4. RACE		5. DATE		6 AGE (IN YEARS LAST BIR		NDER : YEAR	IF UNDER 24 HRS
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>		MARYLAND			-330	YES NO	9000 KE	ISTER	TOWN	1 Pd
1	14 FA	THER'S NAME FIRST	VIDDLE	LAST		15 MOTHER'S MAIDEN NA/	ME		LAST	
H	16a V	/AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	[7			214-24-						
ì				and for the the	l de de de			T	APPROXI/	MATE INTERVAL DISET AND DEATH
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	CERTIFICATION									
	CA	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
	TE	10-70-80	PINT	estimal	000	struction	YES NO	YES		NO []
٦	CER	210. ACCIDENT WAS UNDERLYING	110110 1 11		WE LE	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	AL		In .		19					
	MEDICAL	21d INJURY OCCURRED			17	211 LOCATION				
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d			ol) attended the	deceased from	10	10 /2	+ 10 -	-IR 10	200	0 - (1)
					84.0	nd that ir (m) (our) opinion	deoth occurred on the do	ote and hour one	-	tho (1) (we) last
		22b. SIGN ATURE	view the body o	tter death.	1	DEGREE			22c DATE S	
		Kwanp	N.	Keur		MD ATTENDING PHYSICIAN	MEDICAL STAR		10-	8-86
		224 PHYSICIAN'S NAME JAYPE O	PRINT)		TO P	22e ADDRESS	0 0	7		
		rwitner v	- Ki	M. M.D)	1930 Ash	sufon Ac	و ،	717	16
	23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY	STATE
		Removal	10-30-8	34			C.I.I OK IOWN	COI	DISTI	STATE
	24 FI	OR TOWN OF DEATH II. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BERF ATE IIB COUNTY IIB COUNTY IIB COUNTY IIB COUNTY IIB COUNTY IIB SOCIAL SEC IIB TO, OR AS A CONSEQ OUE TO, OR AS A CONSEQ IIB TIME OF INJURY IIB THE OF INJURY IIB THE OF INJURY IIB THE OF INJURY IIB THE OF INJURY IIA HOME STREET FACTORY, OFFICE IIB PHACE OF INJURY IIA COMMITTE IIB THE OFFICE OF INJURY IIA HOME STREET FACTORY, OFFICE IIB PHACE OF INJURY IIA HOME STREET FACTORY, OFFICE IIB PHACE OF INJURY IIA HOME STREET FACTORY, OFFICE IIA CREMATION, REMOVAL 236 DATE IIA CREMATION, REMOVAL 236 DATE				Tag - DAY	DECID BY DECISED A	ON DECISE OF		

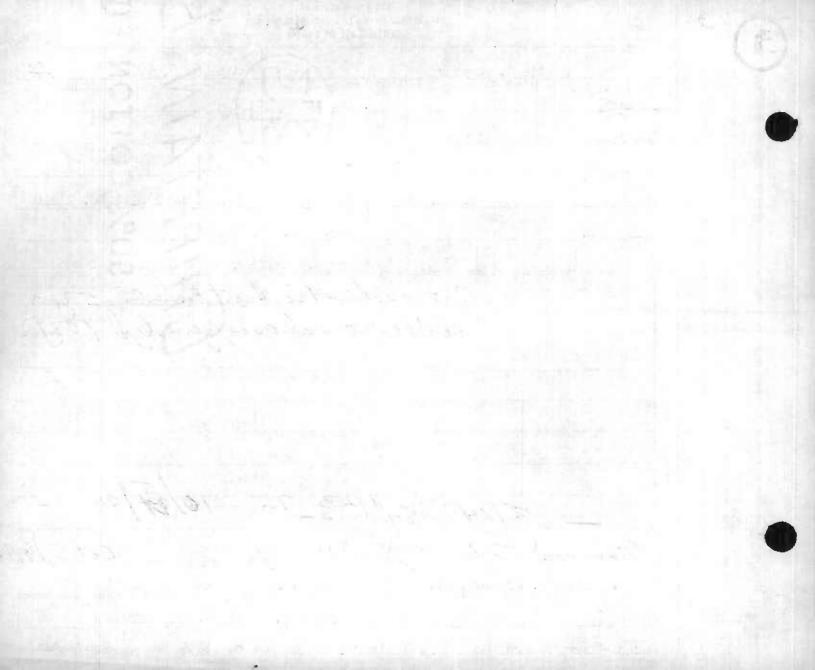
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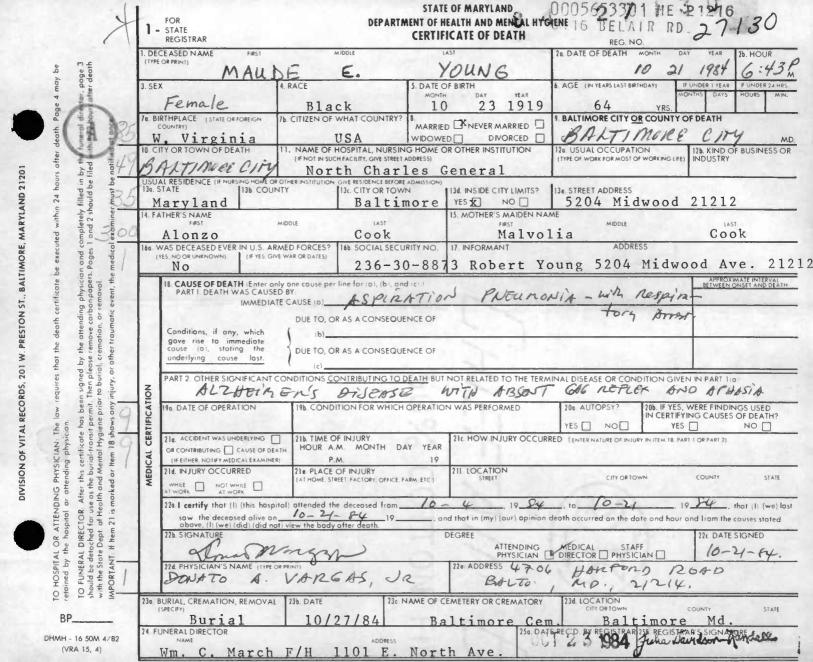
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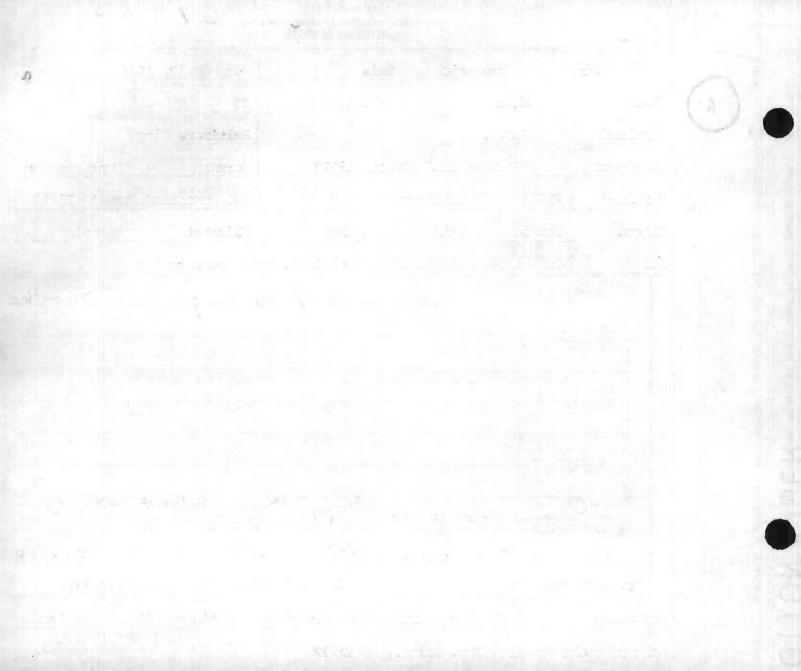
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STATE OF MARYLAND

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STATE OF MAR
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CERTIFICATE O

STATE OF MARYLAND ENT OF HEALTH AND MONTAL HYGIENE CERTIFICATE OF DEATH

REG NO.

- 1								REO. 14	J.			
1		CEASED NAME FIRST		MIDDLE	1	AST		20. DATE OF DEATH	MONIH	DAY YEAR	26 HOUR	
		ALBER	T I	EUGENE	Z	EPP			10	2 84	4:45	P M
H	3. SEX		4. RACE		5. DATE C		WEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 2	AIN.
	20	MALE	WH:	ITE	12	18	1911_	72	YRS.	MOINTINS: DATS	HOURS	MIN.
		RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY	? 8.		MARRIED 🗆	9 BALTIMORE CITY O		Y OF DEATH		
1		ARYLAND	U.S	S.A.	WIDOWE	2.5	NORCED	BALT IMOR	E CII	ſΥ		MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER IN	TITUTION	120 USUAL OCCUPATI		12b. KIND C	F BUSINES	SS OR
)	В	BALTIMORE		AGNES HO		L		MANAGER	FOOD	DISTR	RI-	
par in		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFO		1134 INSIDE	CITY LIMITS?	13e STREET ADDRESS	/ 7IP COI	BUT	ION	
5		IARYLAND	_	BALTIMO		YES E	NO 🗌	1045 WILM			2122	23
		THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN			ME				
1		HENRY	C.	ZEPP		C	ATHER IN	MIDDLE		KU	HL	
		VAS DECEASED EVER IN U.S. AL	RMED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORM		ADDRI	SS			
7	{Y	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	216-09-9	9165	DOLOR	ES C. ZI	EPP 1045 WI	IMING			223
Ĭ		18 CAUSE OF DEATH (Enter o		r line for (a), (b), a	ind (c)	,				APPROX BETWEEN	MATE INTERV	VAL
		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	acute	bro	nche	preces	morka				
П		THE RESERVE OF THE PARTY OF					V					
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П		Conditions, if ony, which	(6)	Cerci	000		-	- Jan				
		gave rise to immediate cause (a), stating the	Louisman	R AS A CONSEQU	WHITE OF							
		underlying couse lost	1000.0	N H2 H CONSCIO	DEITCE OF							
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	Z O	Probable	mela	statie				bral, foren			men	id
	CERTIFICATION	196 DATE OF OPERATION	19h COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?		ES, WERE FINDI		
	Ē							YES NOT		IFYING CAUSES	NO [
	E E	21a. ACCIDENT WAS UNDERLYING				21c HOW I	NJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM TE	PART I OR PART 2)		
		OR CONTRIBUTING CAUSE OF DE	ALII	.M. MONTH (.M.	DAY YEAR							
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		AT WORK			11	501	24	10	1	1 84		
	10	22a L certify that (I) (this hosp			0011	delatio (m)	19.01/	death accurred on the de	10 /11		that (I) (w	
	193	sow the deceased alive a above (1) (we) (did) (did)	of view the body	ofter death.	11.57.5		(dur) apinion e	dearn accurred an the a	are and no			ted
		22b. SIGNATURE	90	19/ 6		n D	ATTENDING	MEDICAL STAI		IN DATE	2/2/	,
			1	LYCKE	m "		PHYSICIAN	DIRECTOR PHYSIC		1 100	407	
	54	224 PHYSICIAN'S NAME UNPE	ORMRINTI	VJ. H.		22e ADDRE		Ave. St	1	gnes,	4056	: Tas
		1-1-	- 117 V	V V . 247	MP	700	, 0000		1	1	1	- 1
		BURIAL, CREMATION, REMOVA	23b. DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		10		
		BURIAL	10-05	-84	LOUD	ON PAR	K	BALTIMOR	E CIT	LA COUNTA	ARYLA	ÂND
	No. or	JNERAL DIRECTOR				229		E REC'D. BY REGISTRAR			-	

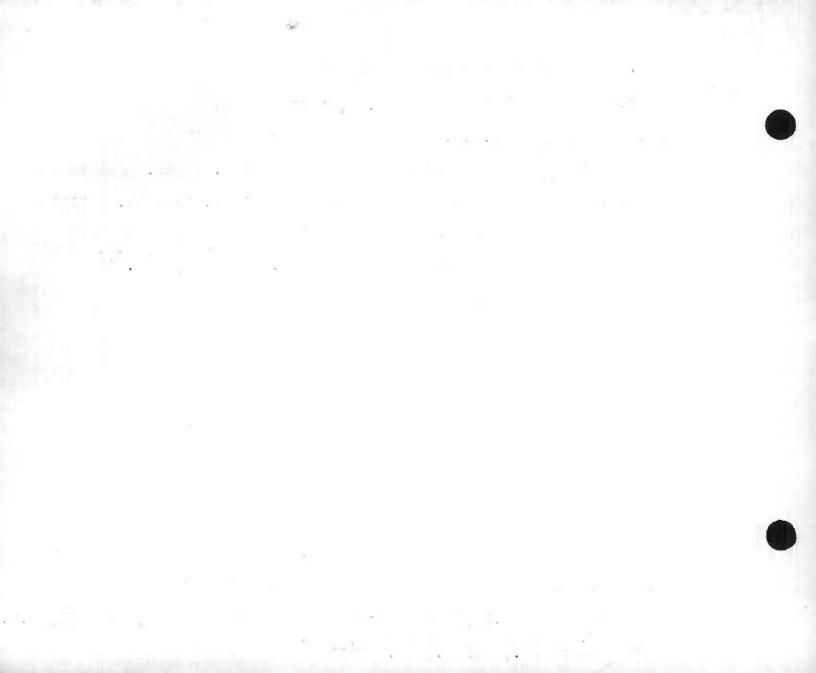
ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MONTH YEAR 2b. HOUR L DECEASED NAME DAY (TYPE OR PRINT) harles immerman 4 RACE AGE TIN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS 3. SEX MONTHS DAYS HOURS White **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Partinsburg, W. Va WIDOWED DIVORCED [18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR Koester Bread Sanders St. Balto. Nd. 21230 ruck Univer Paltimone. 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Sanders St. Balto Md. 21230 Baltimore. laruland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Nelson MIDDLE Connon Ella /immenman ADDRESS 166 SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR WHOWN) 212-10-6484 Mr. Charles Guy Zimmerman, Ir. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occidente DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71a ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 220.1 certify that (1) (this hasoutal) attended the deceased from, saw the deceased alive on G and that in (my) (authopinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did pot) view the body after death 77b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN PORECTOR PHYSICIAN 22e ADDRESS 27d PHYSICIAN'S NAME (LYPE OF PRINT HANOVER 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE Glen Haven Mem. Park Glen Burnie, A. A. To Maryland Burial COLDATE ACD. BY BES ATRAR WILLEGE DHMH - 16 50M 4/83 Mc ully Funeral Home, 130 E. Fort Ave. Balto. Md. (VRA 15, 4)

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noy be		Andrew	Andrew	M J	ainol	Mainolfi OF BIRTH	20. DATE OF DEATH	MONTH (3-84	2b. HOUR
ge 4 n		Male	W	White	MONTH	DAY YEAR	70	YRS.	MONTHS DAYS	HOURS MIN
deoth. Po	5	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.8	WHAT COUNTRY?	WIDOWE			R COUNTY	City	
by the		Baltimore	(IF NOT IN SUR	CH FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	TYPE OF WORK FOR MOST	ion of working lift aurant	12b. KIND OI INDUSTRY	F BUSINESS O
n 24 hou falled in hould be	1	AL RESIDENCE (# NURSING HOME OR STATE 136 COUN Maryland	OTHER INSTITUTION NTY	Baltimo:	ADMISSION) N PE	13d. INSIDE CITY LIMITS? YES TO D	130. STREET ADDRESS	ontebe	llo Ter	21214 race
red within	14. F.	ATHER'S NAME Carlo	WIDDLE	Mainolf:	i	15. MOTHER'S MAIDEN NAME	WE	No	t Knowr	i
be executon and c		WAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	213-07-		Dorothy M.	Mainolfi 3	222 Mo	21 ntebell	214 o Terr
w requires that the death or been signed by the ottendin mit. Then please remove carb prior to burial, cremotion, or only injury, or other traumatic	ATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	(c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON		EN IN PART 110	
The lo	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME C	DF INJURY	Y YEAR	21¢ HOW INJURY OCCUR	YES NO	IN CERTIF	YING CAUSES	OF DEATH?
PHYSK ending this ce the buring d or the	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P. PLACE	M. OF INJURY REET, FACTORY, OFFICE, F.	19	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
R ATTENDING hospital or oth RECTOR. After red for use as the pp. of Health or lem 21 is marke		22a.1 certify that (1) this haspit sow the deceased alive an above, (1) (We) (did) (did no	ottended the	e deceased from	3 ep 1 2	nd that in (my) appinion	to Oct			hot (I) we lo
Sep Per He		224 PHYSICIAN'S NAME (TYPE O	Un;	Boyer	7	ATTENDING PHYSICIAN	MEDICAL STA	IAN	22c. DATE S	3-84
TO HOSPITAL of Programmed by the TO FUNERAL Is should be detoo with the State I. IMPORTANT: #		George 1	n Z	Boyer		220 ADDRESS				
BP	23e E	Burial, CREMATION, REMOVAL SPECKY) Burial	Oct 1			emetery or crematory oly Redeemer	23d LOCATION Baltimo	re	Maryla	and STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR Leonard J. Ruck	, Inc.	Baltimor	e, Ma	ryland 250 DAT	REC'D. BY REGISTRAR	256 REGISTE Lulia L		

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STATE OF MARYLAND

THE SECOND CONTRACTOR OF SECOND भागाम्बद्धः । व्या तथा तथा वशास्त्रकेष्ट्रास्य सेत्वप्रस्तरक्षणाच्याक

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2a. DATE KNOWN XX MONTH 76 HOUR (TYPE OR PRINT) ESTI-Anthony DEATH MATED Patrick 10-1910 84 Mallory 4. RACE DATE OF BIRTH IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 1951 10-19 Male Black 1 26 DEAD 19 84 33 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED INEVER MARRIED FOREIGN COUNTRY) Baltimore City, Maryland U. S. A. WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. correctional Officer Corr. Baltimore St. Agnes Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 4220 Parkton Street 13d. INSIDE CITY LIMITS? 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS Baltimore, Maryland 21229 # Baltimore Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mallory Jefferson 17. INFORMANT Hardy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 4220 Parkton Street DIVISION PAGES (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES C. Laverne Hilyard Baltimore, Md. 21229 214-56-2798 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ED AS A BURIAL-TRANSIT PERMI HEALTH AND MENTAL HYGIENE, I., CREMATION, OR REMOVAL. Chronic Renal Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED AS 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NER. 17...
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1	1.	FOR STATE REGISTRAR	D		HEALTH AND MENTAL HYD	REG. NO.	1 70	
ł		EASED NAME FIRST	WIOOFE		LAST	20 DATE OF DEATH MONI	H OAY YEAR	26. HOUR P
d	{11196	CAL	VIN C.	MANN	ING	OCTOBER 29	. 1984	10:354
4	1.5E)	4	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY	MONTHS DAYS	
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1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	DE NEVERMARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
		irginia	U.S.A.	WIDOW		BALTIMORE	CITY	MD.
5		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
2		BALTIMORE	THE JOHNS	HOPKIN				
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	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	t.	AST
2		John			Mary		Barne	r
				AL SECURITY NO.	17. INFORMANT	ADDRESS	•	
1		YES	227-	20-9547	Wilma E. M	Manning 5206		
1		18 CAUSE OF DEATH (Enter of	only one cause per line for (o	, (b), and (c)	4 100104			
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		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF	GEAL CAN	cer	10	pusaths
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1		saw the deceased alive a abave, (1) (we) (did) (did r	not view the bady after deat	h. 19 4 . o	nd that in (my) (aur) apinian	death occurred on the date of	nd haur and from th	e causes stated
1		775 SIGNATURE	Λ. –		DEGREE	MEDICAL STAFF	22c. DAT	E SIGNED
4		Suugoll	malins		PHYSICIAN [DIRECTOR PHYSICIAN	K (O)	21/84
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Z FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN XX WONTH 2a. DATE (TYPE OR PRINT) ESTI-DEATH MATED 10 - 719 84 Martin Bryan Keith SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR JE LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED :00 Nov.18, 1959 24 male white DEAD 1984 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Pennsylvania Baltimore City. WIDOWED | DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRYPUMP FOR MOST OF WORKING LIFE) Baltimore University Hospital - STU laborer manufactoring USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 201 Meadow Drive Franklin Shippensburg YES [Pennsylvania FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Blanche Ellis Martin Landis 712 Pinola Road 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES 170-56-0810 Ellis L. Martin Shippensburg, Pa. 17257 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (B) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 6 25xx. 6-4 19 84 motorcyclist ran into forage wagon 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. II LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK XX Rt.11, Chambersburg, Pennsylvania road TO MEU.

PAGE 4 SHOULD BE FUNDED TO FUNEAU DIRECTOR: PAFE DEATH, WITH THE ST.

PAUFUNORE, MARYTAND. Inspection XX 220 I certify that I took charge of the remains described above, held an Inquiry Autopsy and in my apinian Secident XX Hamicide Undetermined manner death resulted ram Suicide 10-8-84 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Oct. 11, 1984 Rowe Mennonite Cemetery Shippensburg, Franklin, Penna. Burial BP 24 FUNERAL DIRECTOR DHMH - 17 Eline Funeral Home Reisterstown, Md. 21136 VR A 15 ME (5) or Focelanneer Funeral Home, Shippensburg, 20M 4/82

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEN L HYGIENE

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230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 10-11=84 Grace Cemetery Upperco Balto Md. 24 FUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR' BY REGISTRAR'S SIGNATURE NAME ADDRESS ADDRESS OF THE ADDRESS ADDRESS	22d PHYSICIAI	N'S NAME (TYPE OR P	RINT)	/		22e ADDRE	SS		13702		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR REG. NO. 2a DATE OF DEATH DECEASED NAME MONTH 7h HOUR 15 Guadalupe Martinez 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) Male White 24 1906 78 a. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED X NEVER MARRIED COUNTRY Texas U.S.A. Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR INDUSTRY Baltimore Francis Scott Key Med.Center Beth. Steel Brick Laver 13 COUNTY 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore Maryland Edgemere 9001 Millers Island Road NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Known Known Not Not 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) 171-09-6637 Ida Martinez No Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (p. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 1. Ven 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO YES [] 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive an. and that in (my) (our) opinion death accurred on the date and how and from the causes stated above, (I) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Buria1 10/18/1984 Oak Baltimore Lawn 24 FUNERAL DIRECTOR Duda-Ruck, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

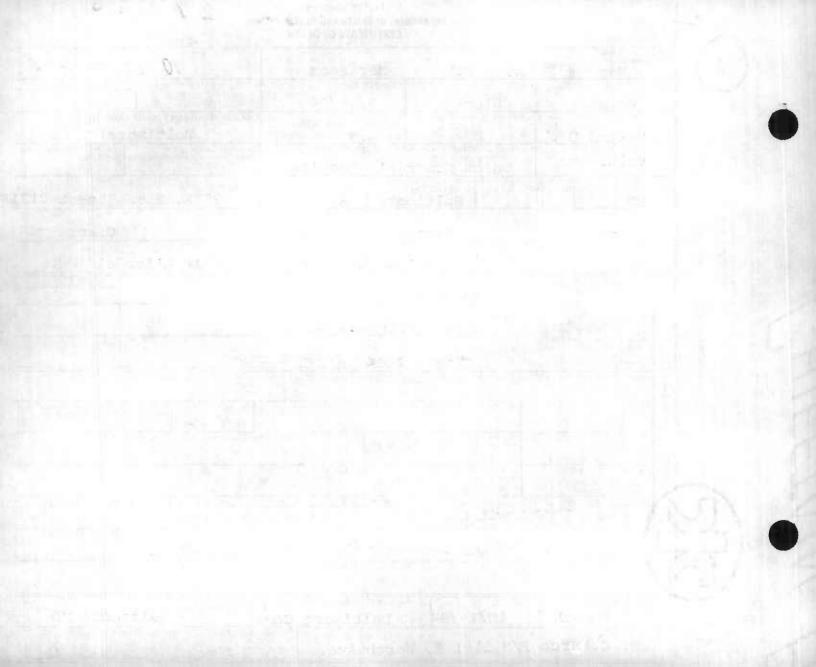
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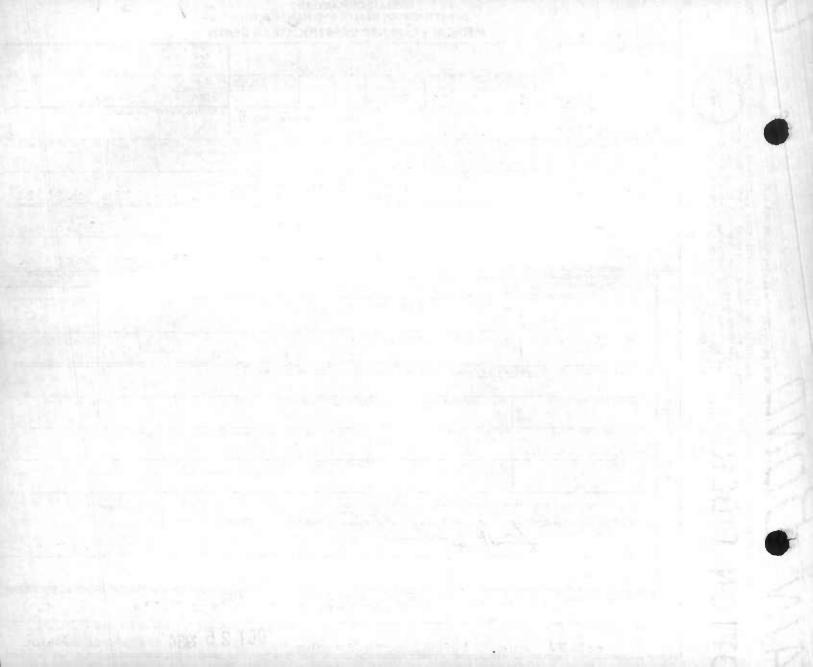
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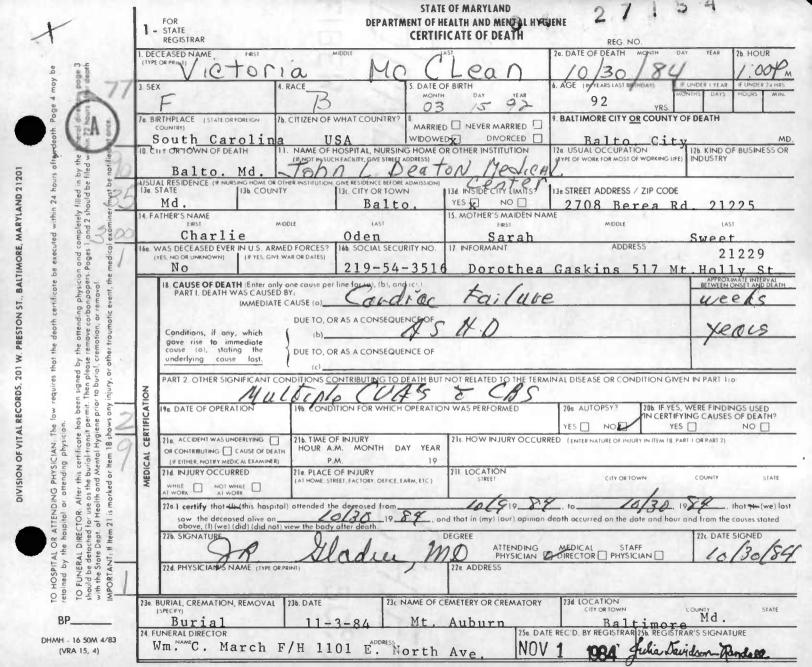
FOR DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN W 20. DATE 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 10/18/8419 Henry McBride 4 RACE 6. AGE (IN YEARS . SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE HTMOM LAST BIRTHDAY PRONOUNCED DEAD Male Black 26 58 YRS 10/18/8419 DM Te BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) S. Carolina U.S.A. DIVORCED WIDOWED Baltimore City ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION CTYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 920 Franklin St. JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 920 W. Franklin St. 21223 Baltimore YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Nelson Annie 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. T. PAGES 1 DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-72-4783 YES Joann McBride 1110 Sarah Anne St 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MENTAL HYGIENE, N, OR REMOVAL. IMMEDIATE CAUSE (0) Artreiosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF TRANSIT Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION USED Y 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? E CHIEF BE USED E DEPARTMENT OF YES [NO Y 216. TIME OF INJURY 210. EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME NOT WHILE STREET, FACTORY, FARM, ETC.) COUNTY WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident Homicide Undetermined monner Natural coup TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10/19/84 SIGNATURE EXAMINER'S NAME anffman, M.D. Greogry R. 111 Penn St. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 230 DATE 10/26/84 23c NAME OF CEMETERY OR CREMATORY
Garrison Forest VA Owings Mills, COUNTY Md ATE BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Wm C March F/H Inc. 1101 E North Avenue (VR A15 ME (5))

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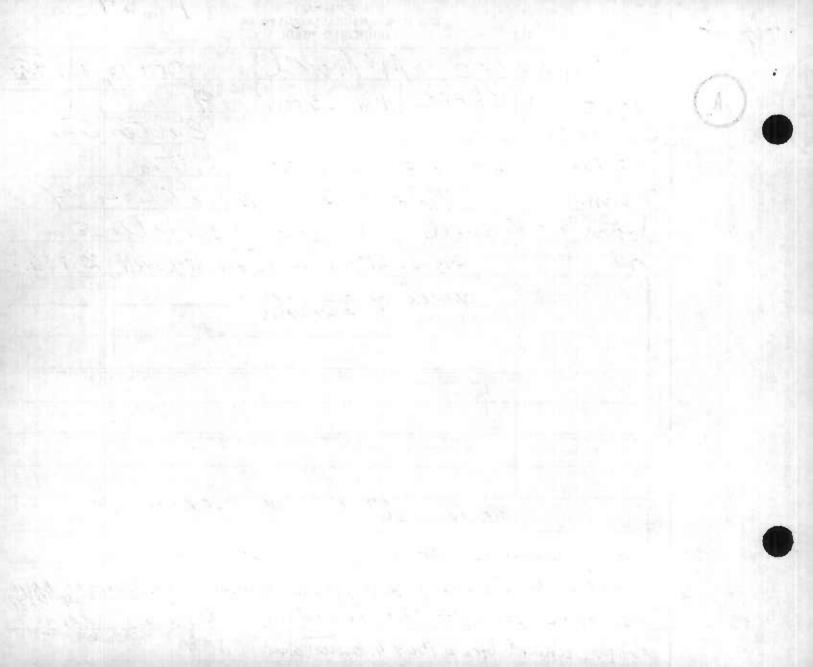
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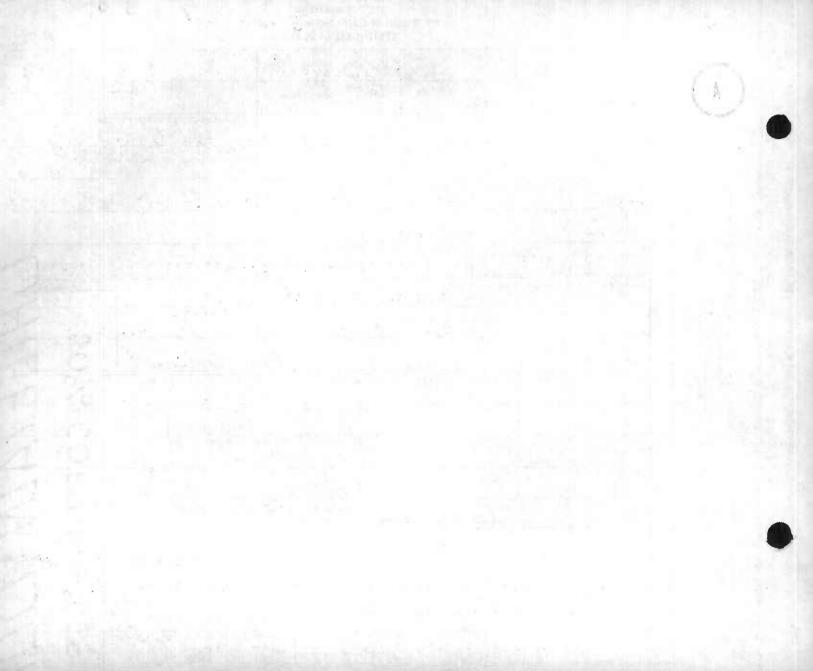
15+1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEATH	STENE 2 7	33
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and 2	14. FATHER'S NAME FIRST	Unknown Mc Lost	15. MOTHER'S MAIDEN NA	AME	Kane
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os been signed by the remit. Then please re prior to burial, cre. vs any injury, ar ather	underlying couse lo	ant conditions contributing to		MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ficate har transit p il Hygien 18 shaw	OR CONTRIBUTION CAUSE		AY YEAR 21c HOW INJURY OCCUR	YES NO	YES NO NO RY IN ITEM 18 PART I OR PART 2)
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	(SPECIFY) Burial 24 FUNERAL DIRECTOR		H. Veteran (rounsv.	ille rowns	
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6 2 -	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
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after dear frag	M. B.	MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED MONORCED NEVER MARRIED NEVER MARRIE
d within 24 hours operety filled in by	1300	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 (COUNTY 134 COUNTY 134 COUNTY 134 COUNTY 134 (TOWN 135 NAME NOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME (FIRS) 15 MOTHER'S MAIDEN NAME (FIRS)
LLIMORE, N e be execute cron and con ers. Page the medic	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 244-22-24594 MINTURE, MEDIANELL 2018 Officer 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) REPROVINGE INTERVAL BETTER AND DEATH
DS, 201 W. PRESTON ST., BA quires that the death certificate signed by the attending physic hen please remove carbon pape to burial, cremotion, or removal ijury, ar other troumotic event, to	Z	18 CAUSE OF DEATH (Enter only one couse per line for (a), b), and (c) PART 1. DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (a)) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (a)
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O HOSPITAL OR ATTENDIN etonied by the hospitol or or TO FUNERAL DIRECTOR. Afi should be detoched for use or with the Store Dept. of Health MAPORTANT: If Hem 21 is mor		278. I certify that (I) (this hospital) attended the deceased from
200 PLO FEED OF BOTH OF STANDARD FEED OF	- (LYDIA M. SCHMAMOY, M.D. CHURCH HUSPITAL: 100 N. BRODOWLY, BALTO SPREND POLICE POLICE PLANTON, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMAJORY 23d. LOCATION . COUNTY PLANTON STATE 31 STATE 31 COUNTY PLANTON COUNTY
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1/		ester SED EVER IN U.S. AR		McGow	ans AL SECURITY NO.	I d a		ADDRESS	Young	
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ME	WHILE			CTORY, FARM, ETC		STREET	CITY OR TOW	/N	COUNTY	STAT
	AT WORK	NOT WHILE					Autority			
	22a I co	ertify that I took charg	ge of the remains d	escribed above	e, held on Au	topsy , Inspection	X, Inquiry	, and in m	пу оріпіоп	
	death res	ulted from: Natu	ral causes XX.	Accident [. Suicide [Undetermined ma			
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Ł	EXAMINER (TYPE OR I	PRINT) Den	nis F. Sr				enn Stree	t, Balto	., Md.	21201
23a.	BURIAL, CREA	MATION, REMOVAL	10/11/8			YOR CREMATORY Emorial Pk	. Arbutu	s,	COUNTY Md	STATE
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STATE OF MAKILAND



0 1	FOR		TE OF MARYLAND HEALTH AND MENTAL I	HYGIENE 2 7	6 0
5	STATE REGISTRAR	MEDICAL EXAMIN	IER'S CERTIFICATE	OF DEATH REG. NO.	
	ECEASED NAME FIRST	WIDDIE	LAST		MONTH DAY YEAR 26. HOU
-111	Kathle	en Anne	McGuinness	OF ESTI-	10 31984
1.5E		5. DATE OF BIRTH 6 AGE (INY	ARS IF UNDER 1 YR. IF UNDER	1 24 DRS. IL DATE	MONTH DAY YEAR 24. HOU
E	emale White	March 15, 1957 27	MOTHER DATA	MIN. PRONOUNCED DEAD	10 3 19 84 9:56
	BIRTHPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR	
_	Pennsylvania	USA	MARRIED NEVER MARR		· City
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM		120 USUAL OCCUPATION (TYPE O	F WORK 126 KIND OF BUSINESS
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	i+-1	FOR MOST OF WORKING LIFE) Waitress	Restaurant
	AL RESIDENCE IF HIMERS HOME	University Hosp	ION)		#21131
	arvland Balt	imore Phoenix	136. INSIDE CITY LIMITS?	13e. STREET ADDRESS 12618 Dulaney	
-	ATHER'S NAME	inioi e i nocina			Valley Road
1	reist	MIDDLE	15. MOTHER'S MAID		LAST
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/	Canditions, it any, which	DUE TO, OR AS A CONSEQUENCE	OF		
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	lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
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07	LINIDERIVING TOO	116. TIME OF INJURY HOUR AND MONTH DAY YEA			RITORPARIZ)
MEDICAL	CONTRIBUTING CAUSE OF	DEATH 1038P.M. 9 149	21 LOCATION	struck by auto	
뷮	WHILE NOT WHILE E	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	street	Dulaney Valle	ey Rd&Windemere F	kwy,Balto.CO,MD
	220 I certify that Jook charg	ge of the remains described above, held an	Autopsy . Inspection	on X, Inquiry . and	in my opinion
			icide Hamicide .	Undetermined monner .	
	h 00	·MA	TITLE (SPECIFY)		
1	ACTUAL SIGNATURE	un of Inush	///Assistant	MEDICAL EXAMINER	DATE SIGNED 10/4/84
1	EXAMINER'S NAME	Desir D. Con AX M		D 01 D-11	140
	(TYPE OR PRINT)	Dennis F. Smyth, M.	ADDRESS	Penn St. Balto).,MD.
23a.l	BURIAL, CREMATION, REMOVAL		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		10/6/84 Dulaney	Valley Cem.	Timonium, Ba	
	FUNERAL DIRECTOR HANG		1, Md. 210935ATE	REC'D. BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE
N	lartin D. Laws	on, 10W. Padonia Ro	00	1 J BUT	4

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DEPARTMENT OF HEALTH AND MENTACHYGICHE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b. HOUR CTYPE COPPERATE 3:15 A 84 MC KIM 10 26 FRANK 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 21 HRS I SEX 4 RACE 5. DATE OF BIRTH IN MIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE, CITY WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY VAMC, BALTIMORE, MARYLAND 21218 LVMBING AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RE COUNTY 13d INSIDE CITY LIMITS? BALT PAERLANDINES 15 MOTHER'S MAIDEN NAME L FATHER'S NAME MIDDLE UNK ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) A BOVE 18 CAUSE OF DEATH (Enter only one couse per line for Id.), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a CONSEQUENCE O Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T 71 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM)8 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that of (this hospital) attended the deceased from 10/18 84 10 84 10/26 saw the deceased alive an 10/26 and that in (aur) apinion death accurred on the date and hour and from the causes stated 77% SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 3900 LOCH RAVEN BLVD, BALTO, MD 21218 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15. 4)

24 FUNERAL DIRECTOR

REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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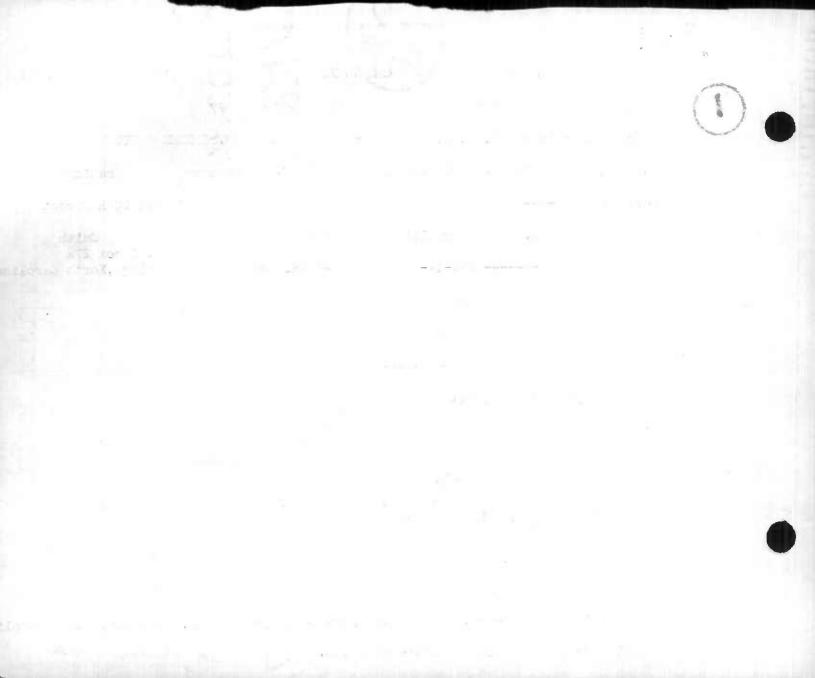
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ADHYGIENE

1	FOR STATE REGISTRAR	DEPAR		EALTH AND MENT AD HYG	TENE REG. N	10.		
	ECEASED NAME FIRST	MIDDLE	I	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
DI [1YI	PE OR PRINT)	LIAM	MCM:	ILLIAN		10	31 84	5:20PM
3. SI	EX	4. RACE	5. DATE O	OF BIRTH	6. AGE TIN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	Black	MONTH 4	16 1907	77	YRS		HOURS MIN.
7a. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Caroli	75. CITIZEN OF WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMO		CITY	MD.
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M	laryland -	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 13c. CITY OR TO Balti		13d. INSIDE CITY EIMITS?			t 20th S	1218 treet
14. F	John	C. McMil	lian	15. MOTHER'S MAIDEN NA FIRST Minder	WIDDLE			ith
160	WAS DECEASED EVER IN U.S. A	TIVE WAR OR DATEST		17. INFORMANT	ADDR	ESRt.	1 Box 2	72
	(YES, NO OR UNKNOWN) (IF YES,	239-14-	7716	Ethel Carte				th Caroli
CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	T CONDITIONS CONTRIBUTING TO	ASIA DEATH BUT		IN AL DISEASE OR CON	20b. IF Y	YES, WERE FINDIN	NGS USED
RTIFIC					YES NO		TIFYING CAUSES	OF DEATH?
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MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	saw the deceased alive	point of the deceased from 10/31 19, not) view the body after death.	DJ I		to	3 / late and h	novi and from the	
	226. SIGNATURE	& Huphis	14		MEDICAL STA DIRECTOR PHYSI		22c. DATE	SIGNED
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230	BURIAL, CREMATION, REMOVA			Grove Cemeter		Rol	beson. No	orth Caro
	funeral director arzúllo Funeral	l Service Rei	sterst	own, Md. NOV	E REC'D. BY REGISTRAF	256 REGI	ISTRAR'S SIGNAT	URE

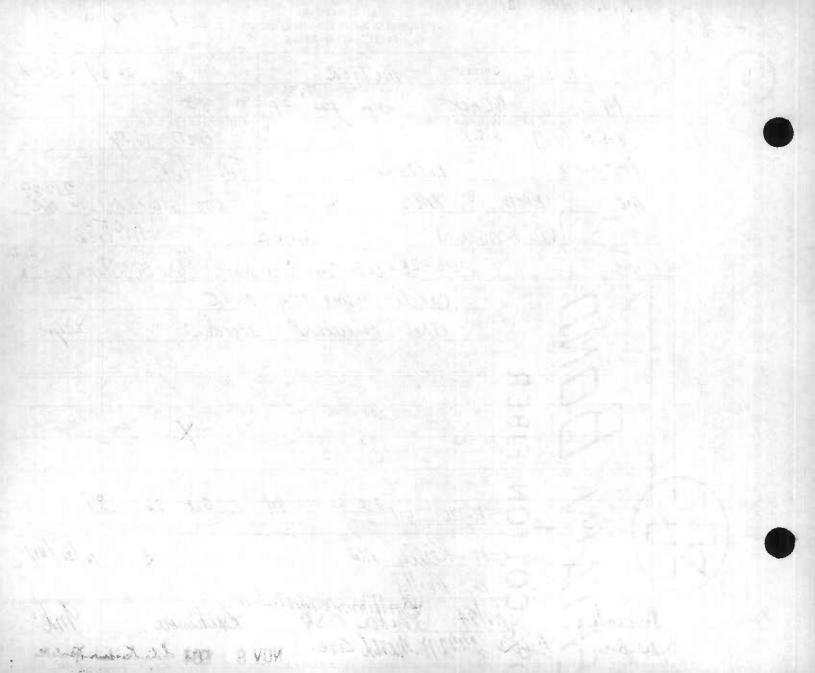


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TO ME PAGE: PAGE: AFTER BALTIN	23a B	(TYPE OR PRINT) URIAL, CREMATIO SPECIFY) REMATIO	N PEMOVALIZ		D. Smith, 123c. NAME OF CE GREEN	METERY O	RCREMATORY	236 LOCATION	Balto.,	MD.	
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W. PRESTON ST of the death cert of the offending is remove corbon cremation, or rec		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO, OR AS A CONSEQU	ENCE OF	accident	day
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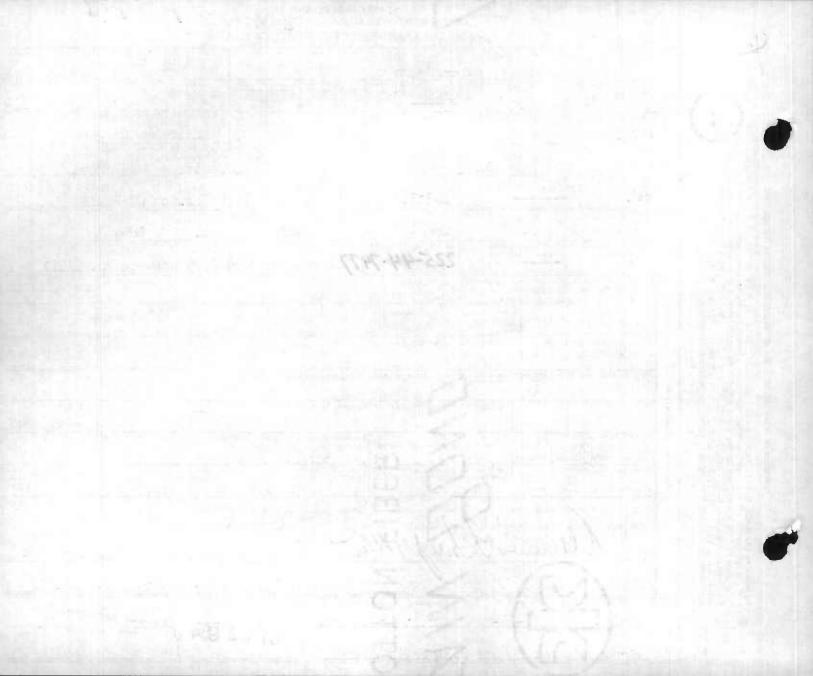
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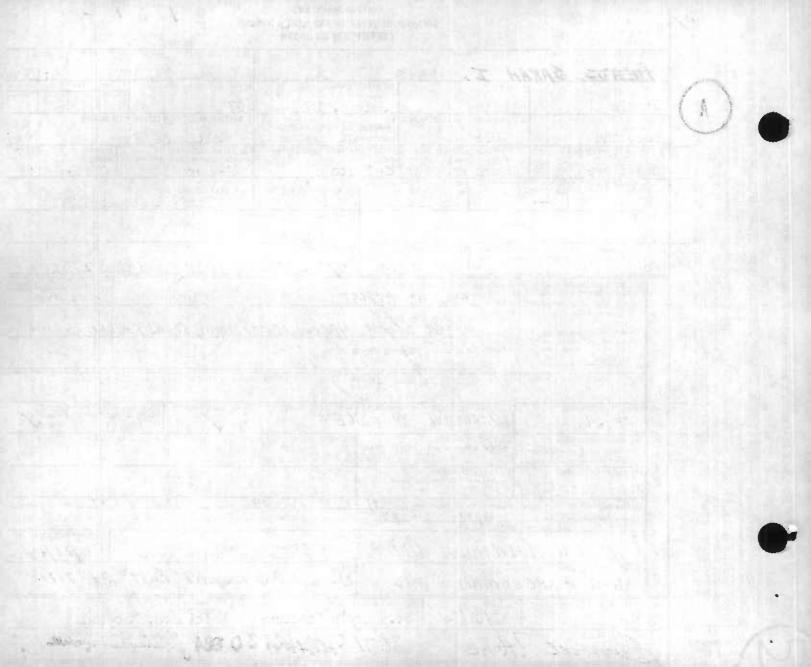
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FOR DEPARTMENT OF HEALTH AND MENTAL MYGIENE - STATE MEDICAL EXAMINER'S CER REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH DAY 26 HOUR (TYPE OR PRINT) OF ESTI-Frances J. JoAnn Meadows 10-2119 84 6. AGE (IN YEARS 5 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c DATE LAST BIRTHDAY) PRONOUNCED 4:46 F White 48YRS 10-21 19 84 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA Baltimore City, X WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore Hoysewife University Hospital - STU Home JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADA 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Balti. 2956 Keswick Rd 21211 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Fred Humm Mary Long 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Jewell Meadows 2959 Keswick Rd. 21211 no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Gunshot Wound to Head IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES XX NO SHOULD BE 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING KXOR 8:50xx 10-3 1984 subject was shot CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 4100 Blk. Falls Rd., Balto., Md. in auto PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Autopsy XX 220 I certify that I took charge of the remains despibed above, held an Inspection Inquiry and in my apinion Hamicide X Undetermined manner 10-22-84 Assistant SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY SPECIFY) Burial 10-24-84 Crest Lawn Cemetery 24 FUNERAL DIRECTOR **DHMH** - 17 Burgee-Henss Funeral Home 3631 Falls Rd 21211 (VR A15 ME (5))

20M 4/B2

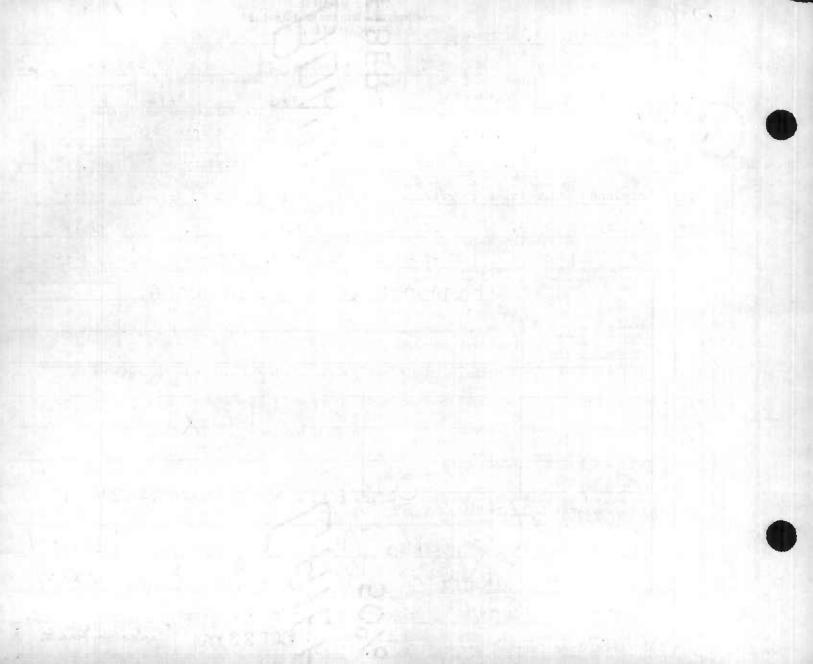


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may be page 3	_	CARRO		15/WHAKOI	10/	
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E (ERIA)	2	COUNTRY)		ARRIED NEVER MARRIED	Baltimore Cit	
8 15 5 5	10	West Virginia CITY OR TOWN OF DEATH	U.S.A. I WID		120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
1 1/4/	1		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRES	S)	(TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY
10 2	1/2	Baltimore	St. Agnes Hospital		Secretary	Dept. of Army
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AORE, and coopes oges edical	2 100	WAS DECEASED EVER IN U.S. ARI	E WAR OR DATES			
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by by sose		underlying couse lost.	(_c)	A constitution of		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours of the ding physician. The law requires that the death certificate has been signed by the offending physician and completely tilled in the ost the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the ord Mental Hygiene prior to burial, cremotion, or removal.	-	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART I (a
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OR he by		THE SECULATION -	W Collection	ATTENDING	A MEDICAL STAFE	22c DATE SIGNED
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HOSPITAL med by the FUNERAL old be det the Store	П	224 PHYSICIAN'S NAME (1911	Frakry 3	ADDRESS	1	0
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	230	Burial Burial			CITY OR TOWN	COUNTY STATE
BP			10/25/84 Meado	wridge Memorial		Md.
DHMH - 16 50M 4/83	24	FUNERAL DIRECTOR RUSSE	11 C. Witzke-Funera	Homes P. A 250 DA	TE REC'D. BY REGISTRAR 756 REC	Jana Signature
(VRA 15, 4)	1	.630 Edmondson Av	venue, Catonsville,	Md. 21228	40 1984	The latest of th



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requires that the death certificate be executed within 24 hours often

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HOSPITAL OR ATTENDING PHYSICIAN: The

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTACHYG
STATE	CERTIFICATE OF DEATH

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	REG	ISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
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3	SEX		4.1	RACE		MONTH	DE BIRTH H DAY YEAR	6 AGE (IN YEARS LAST I	BIRTHDAY	MONTHS DAYS	IF UNDER 24 HE HOURS MI
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	130. STATE	land	13b COUNTY		GIVE RESIDENCE BEFORE 134 CITY OF TOW actimo (N	13d. INCIDE CITY LIMITS?	13. STREET ADDRESS	arles	*St.Balt	230 _H .
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DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGYENE

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	CEASED NAME	FIRST		AIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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3 SE	Х		RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	THDAT)	MONTHS DAYS	IF UNDER 24 HRS.
	male		White		MONTE	1 / 13 /18	66	YRS.		
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- 10	(SPECIFY)	ON, REMOVAL	1000				CITY OR TOWN	terri 1	COUNTY	Md.
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DHMH - 16 50M 4/83 (VRA 15, 4)

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

lia Davidson

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(VRA 15, 4)

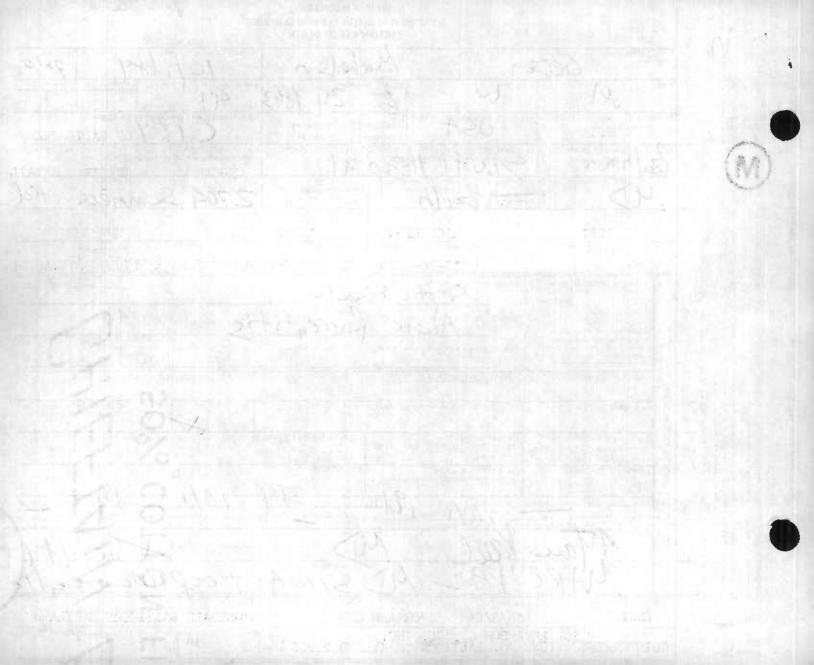
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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mpletely of 2 s	14. FA	THER'S NAME TZBI	AIDDLE	MICHE	LSON	15. MOTHER'S MAIDEN NA LEIBE	MIDE	DLE	UNKNOW	N
on and co		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	213-30		17 INFORMANT GILBERT GEL		PARK H		
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that the death cer by the attending case remove corbo st, cremation, or re rather traumatice		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, C	DR AS A CONSECUTIVE AS	ite	Pancreuti.	tis			
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ding physicia s certificate h buriol-transit Mental Hygie or hem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE O	F INJURY IN ITEM 18	PART I OR PART 2)	
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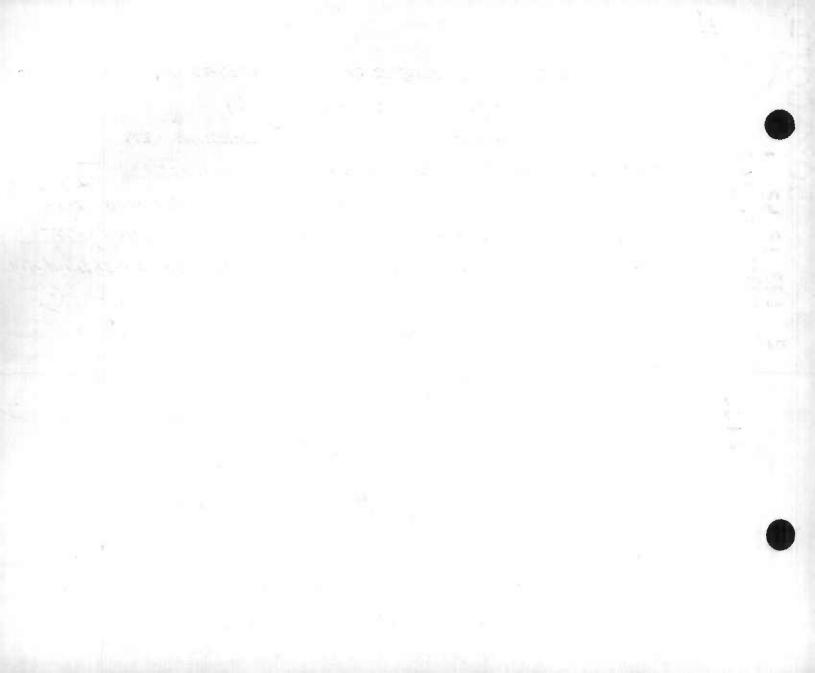


DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAPHYGIENE

LOPE CASED NAME FRST MODRE LOST DAVID MIDGETT JR DCTOBER 06, 1984 D5:15am DAVID MIDGETT JR DCTOBER 06, 1984 DS:15am DCTOBER 06, 1984 DCTO	-		REGISTRAR		CI	ERTIFICATE	OF DEATH	REG.	NO.		
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24 FÜNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGN TURBER ADDRESS ADDRESS OCT 8 1984 STANDARD JAMES SIGN TURBER ADDRESS					ADDRESS		250 DAT	O 1001	AK SB. REG	Day doon	SHE SE



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAPHYGIENE

1 -	REGISTRAR						REG. NO.				
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3. SE)	X	4_RACE		5. DATE O		6. AGE (IN YEA	RS LAST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 2	-
	Female	Wh	nite	9 MONTH	°12 1895	89	9 YE		DATS	HOURS	N
7e. BII	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?		NEVER MARRIED		CITY OR COU		DEATH		
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	BALTIMORE	UNION	MEMORIAI	L HOSE	PITAL	Mort:	or most of working	4G LIFE) IN	Fune		
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14 FA	ATHER'S NAME FIRST John	WIDDLE	Berryma	n	IS. MOTHER'S MAIDEN NA FIRST Annie	ME	WIDDLE		Ga	brio)
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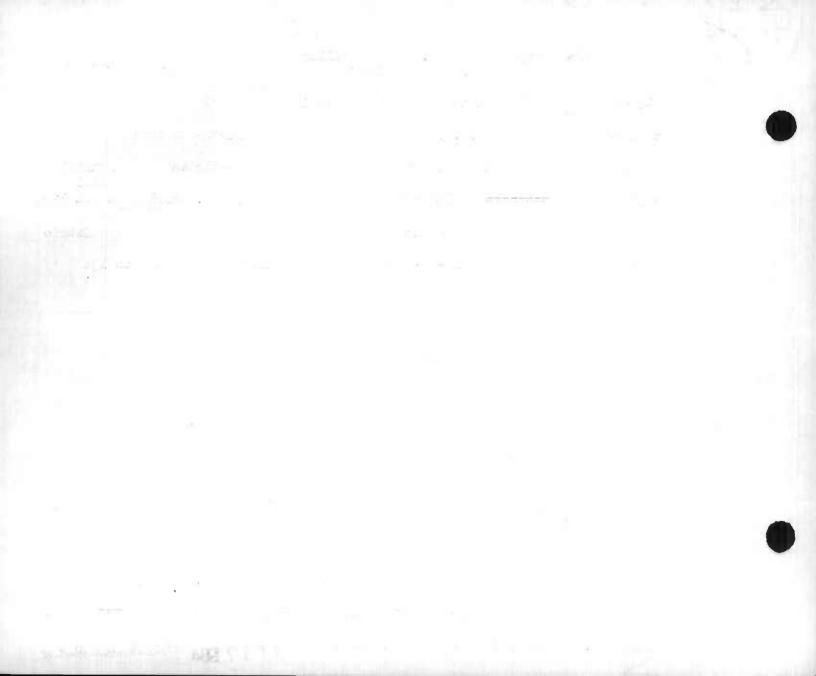
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TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physicion and coshold be detached for use as the build-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

George J. Gonce 4001 Ritchie Hgwy Balto Md

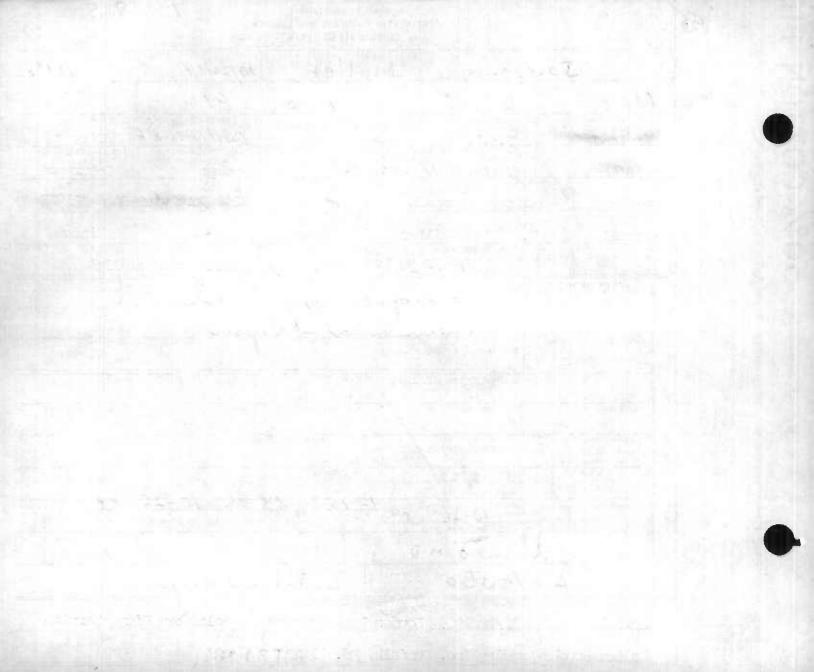
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T. T. Fee		226 SIGNATURE	Wents	, M.D		PH	TENDING HYSICIAN [MEDICAL STA	AFF CIAN 🔀	10 -	SIGNED
IMPORTANT:		274 PHYSICIAN'S NAME (TYPE)	Vent	0		220 ADDRESS	then	an Hos	p.		
	(surial, Cremation, removal specify Burial	23b DATE 10/29/19			emetery or cr Park Ce	metery	23d LOCATION CITY OF TOWN Baltim	ore Cit	ty, Mai	ryland
81	24 FU	NERAL DIRECTOR NAME Walter Brooks	Bradley In	ADDRESS C. Dun	dalk,	Md. 21		PEC'D BY DEGISTRAL	256 REGISTE	AD'C CICNIA	LUDE



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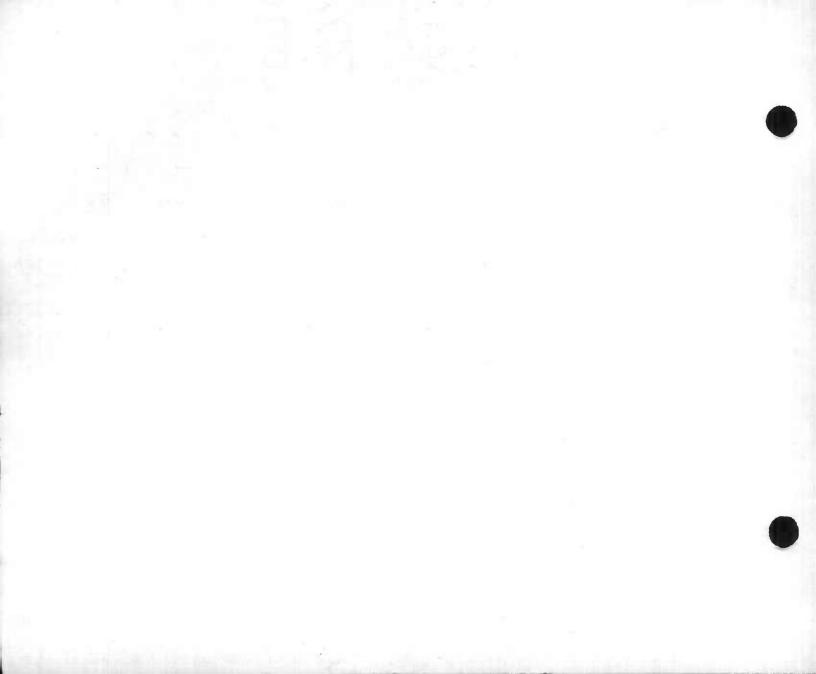
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- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAPHYGIENE

CERTIFICATE OF DEATH

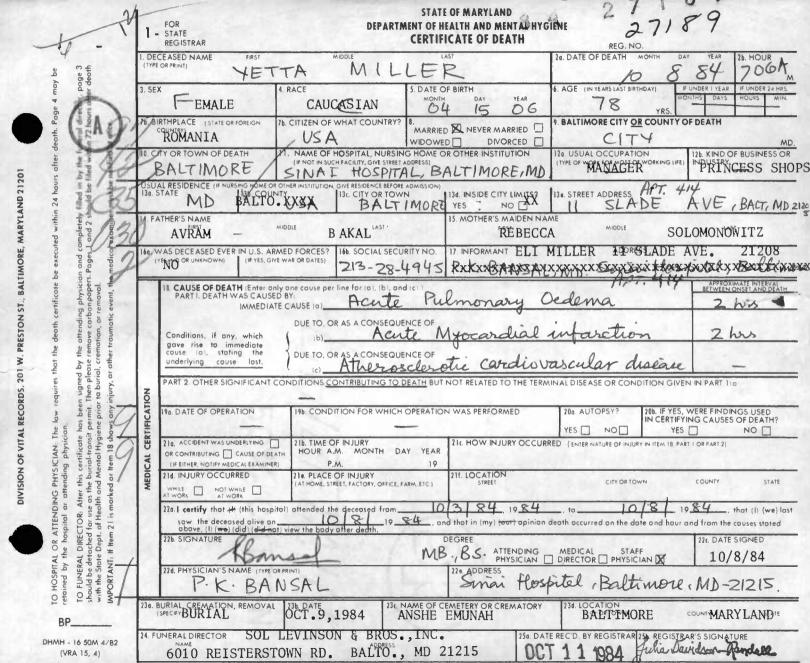


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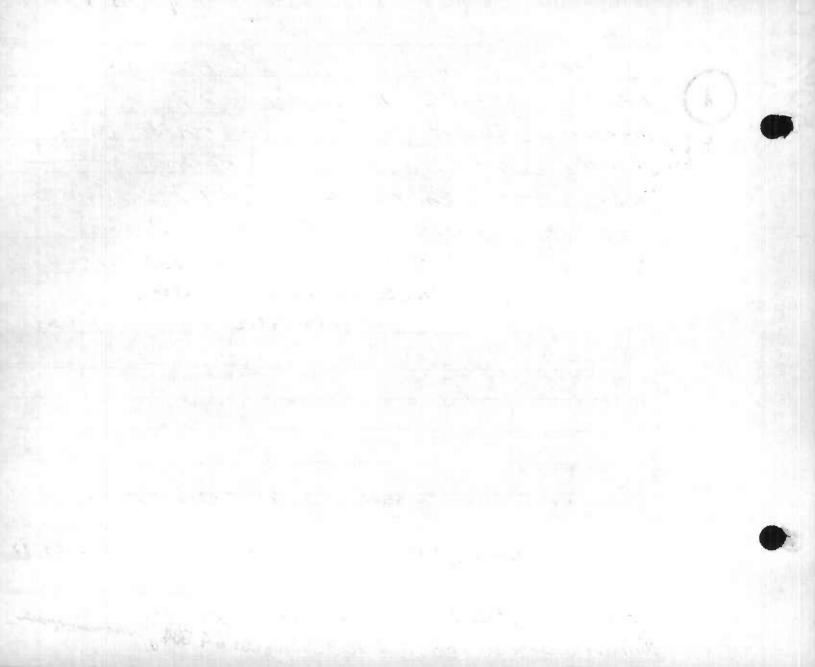
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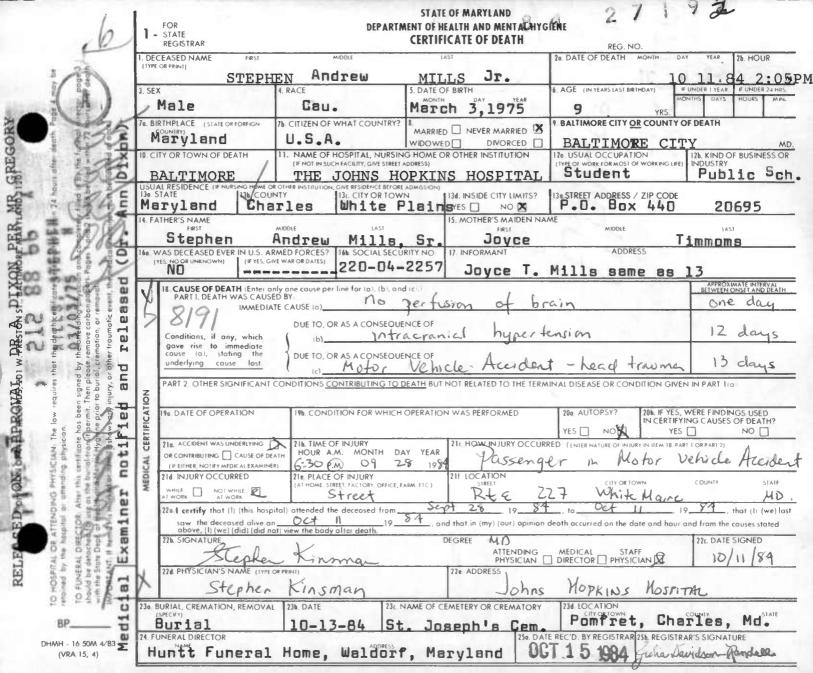


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	1. DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR
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ATTENDING ospital or off off or use os the off of or use os the off of or use os the off or use of the off or use off of or	13	sow the deceased alive on above, (1) (we) (did) (did not)		,ond that in (my) (our) opinion of	death accurred on the do	ote and hour and from the causes sta
R ATTEN hospital RECTOR red for u ipt. of He		above, (1) (we) (did) (did not): 22b_SIGNATURE	view the bady after death.	DEGREE		22c. DATE SIGNED
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HOSPITAL ned by t FUNERAL uld be det of the State		22d. PHYSICIAN'S NAME (TYPE OR PI	RINT)	22e. ADDRESS		
TO HOSPITAL retoined by th TO FUNERAL should be deto with the States		TOWN OF				
should be with with MPP	230	BURIAL, GREMATION, REMOVAL	23b. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	. /
	230.	SPECHEN	10 27 04 0	1 1	CITY ON OWN	COUNTY
BP		Burial	10-61-81 1756	outus Mem. Y		O., Blowna
DHMH - 16 60M 1/75	24 F	UNERAL DIRECTOR	ADDRESS	250 DATI	E REC'D. BY REGISTAL	25b. REGISTRATOR ATUR
(VR A 15 (4))	11	Villiam T.SPI	180 162GA1	DRANDALD	RI 0 4 120	0





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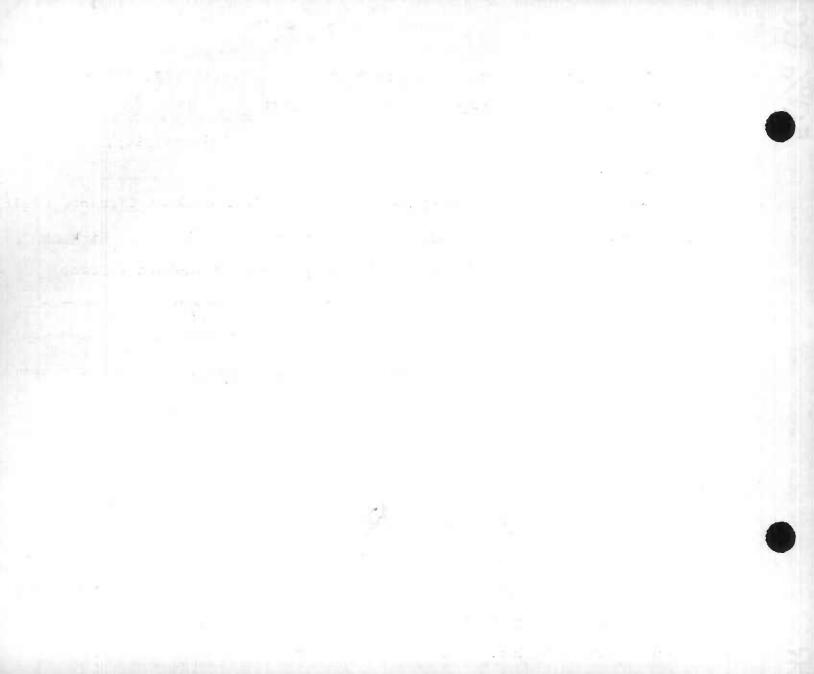
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FOR

STATE OF MARYLAND DEPARTA

AENT	OF	HEA	LTH	AND	MENT	S	HYGTENE	
CEL	TO	FIC	ATE	OF	DEAT	H		

1134 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE

REGISTRAR			CERTIFICA	TE OF D	EATH	REG. NO.				
1. DECEASED NAME	FIRST	WIDDLE	LAST			20. DATE OF DEATH MONTH	DAY	YEAR	26. HOU	JR 71
(TYPE OR PRINT)		nuel	MONROE			October 25, 1984			9:15 N	
3. SEX		4. RACE	5. DATE OF BIR	TH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RTYEAR	IF UNDER	24 HRS
Male		Black	12	18	1916	67 YRS	MONTHS!	DAY5	HOURS	MIN.
		76. CITIZEN OF WHAT COUNTRY?	MARRIED 3	NEVER N	ARRIED -	9. BALTIMORE CITY OR COUN				
Virginia		USA	WIDOWED DIVORCED		Day 7 1 december Of the				ME	
		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / Maryland Ge	ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING			F BUSINE	SS OR

Md.		Baltimore	YES X NO	1342	Argyle	Ave.	2121
14 FATHER'S NAME	u may	4.457	15. MOTHER'S MAIDEN NAM	/E	WIDDLE		IAST
FIRST	MIDDLE	Monroe	FIRST		MIDDLE	Mos	roe
James		TAN SOCIAL SECURITY NO	Mary	-	ADDRESS	MO	II OC

16b. SOCIAL SECURITY NO

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Harriet Springs 1342 Argyle Ave 228-07-278 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: Cardiopulmonary arrest IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Carcinoma of the Pancreas Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

17 INFORMANT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

178. DATE OF OPERATION	178. CONDINGIATOR WITE	TOT ENAMED	THO TEM CHANGE	IN CERTIFYING CAUSES OF DEATHS				
	THE PARTY OF THE P		YES NO	Y YES NO				
	21b. TIME OF INJURY HOUR A.M. MONTH D		216. HOW INJURY OCCURRED (ENTER NATURE OF I	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
The contract of the contract o			ALL LOCATION					

21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE WHILE October 25 in 21

н	170 certify that XIX this haspital) attended the deceased from September 29, 19 94, to Occoper 29, 19 94, thou XIX this haspital)
	sow the deceased alive an October 25 19 84, and that in (xy) (our) opinion death occurred on the date and hour and from the causes stated above xty (we) (did) (did xsy view the body after death.
	obove xty(we) (did) (didxox) view the body after death.

obove xtx(we) (did) (didx(x)) view the body after death.		
Th SIGNATURE	DEGREE	22c. DATE SIGNED
Muchael Mando		MEDICAL STAFF DIRECTOR PHYSICIAN 1

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

CITY OR TOWN

20g AUTOPSY?

V	J. Michael	Rangie,	M.D.	C/O	Maryl	ana	General	HOSPI	tal
-						_			
23a, BURIAL	CREMATION, REMOVAL	23b. DATE		73E. NAME OF CEMETERY OR CREM.	ATORY	23d. LO	CATION		

Burial Zion 24 FUNERAL LA Wm. C. March F/H 1101 E. North Ave.

Landsdowne.

206. IF YES, WERE FINDINGS USED

COUNTY

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

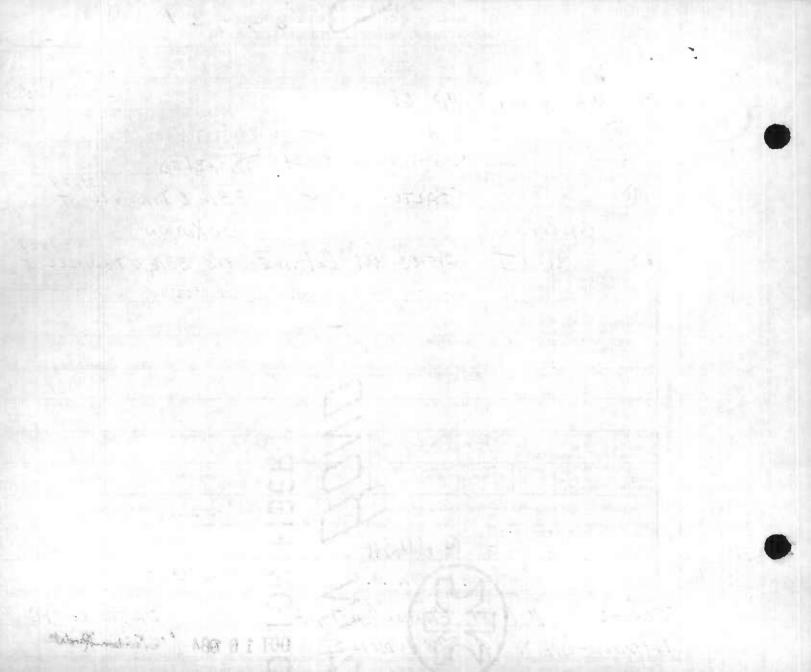
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TOUR THE RESIDENCE OF SOME SECTION OF THE PROPERTY OF THE PROP 10 CONSTRUCTION OF THE CONTROL OF TH ATOT PERCHASING A TOTAL STATE OF THE PERCHASING THE

ASSESSMENT DESCRIPTION OF THE PROPERTY. Mary Construct Visites The Construction of the District Linear Committee

	FOR	DEPAI	STATE OF	H AND MENTAL HYP	SIENE 2 7 2	0 1	
	- STATE REGISTRAR			CERTIFICATE OF			
M = 52 S2 F2	DECEASED NAME FIRST	SAMUEL	HENRY	MOORE	20 DATE KNOWN X OF ESTI- DEATH MATED	MONTH DAY YEAR 10-13-84	26 HOUR
THEET,	SEX M RACE WHITE	JULY 6, 1918	R LAST BURTHDAYL MON	INDER 1 YR. IF UNDER 24		10-13-84	24 HOUR 2:33F
	BIRTHPLACE (STATE OR FOREIGN COUPLE)		IINTDV2	RIED NEVER MARRIED	Baltimore CITY OF		MD
PAGE PAGE S, 201	Baltimore		nursing home, or of ine11 PStreet		USUAL OCCUPATION TYPE FOR MOST OF WORKING LIFE!	OF WORK 126 KIND OF BU OR INDUST	USINESS
AND 31 PAND 31	SUAL RESIDENCE (IF IN NURSING HOME 30 STATED . 136 COUR		NCE BEFORE ADMISSION) ALTO	13d INSIDE CITY LIMITS? 13d	STREET ADDRESS DON	21224 INELL ST.	
₹9300	4 FATHER'S NAME UNKA	MIDDLE	LAST	15. MOTHER'S MAIDEN N	UN KNOWN	LAST	
SION	60. WAS DECEASED EVER IN U.S. AR (1878) SPUNKNOWN) (1878) GIV	MED FORCES? 166. S WAR OR DATES! 21	5-03-2661	CALVIN BO	LUERS 33/6	0 DONNELL	224
V 24 HOURS A N ITEM 18. GI' ALONG WITH IT PERMIT, PA YGIENE, DIVI! OVAL.	PART I DEATH WAS CAUSE	nly ane couse per line for (o), D BY: TE CAUSE (o) Arte		ic cardiovasc	ular disease .	APPROXIMAT BETWEEN ONSE	E INTERVAL
PENCIL II PENCIL II AMINER L. TRANS AENTAL H	Canditians, if any, which gave rise to immediate cause (a) stating the <u>under</u> lying cause lost.	(b)			·		
HE CHIEF MEDICAL EXA DE USED AS A BURIAL ENT OF HEALTH AND M S BURIAL, CREMATION,	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT B	RELATED TO THE TERMINAL DISE/	ISE OR CONDITION GIVEN IN PART 1	(a),		
OF HEA	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY	NO X
2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE	21b TIME OF INJURY HOUR A.M. MON' DEATH P.M.		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA		,,,,
Ale DerA	214 INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJU STREET, FACTORY, FAR		OCATION STREET	CITY OR TOWN	COUNTY	STATE
4, WITH THE STA MARYLAND, 21:	AND ADDRESS OF THE RESIDENCE OF THE RESI	ge of the remains described o			Inquiry X, ond	in my apinion	
TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN	ACTUAL SIGNATURE	youter A	ethill.	TITLE (SPECIFY) M.D. <u>Assistant</u>	- MEDICAL EXAMINER	DATE 10-14-8	34
ALTIMO		rgarita A. Ko		_ADDRESS	l Penn Street		
3P	30. BURIAL, CREMATION, REMOVAL BORIAL 14 FUNERAL DIRECTOR	13b. DATE 23 10-16-84	ARRISON FORE	ST V.A.	34 LOCATION CITY OR TOWN BY DECISION 1254 PEGG	ALTO.CO. 1	MD.
H - 17 5 ME (5)) 4/82	HOTFMANN-SKA	RDA FIH 32	18 HUDSON	57. OCT 1	BY REGISTRAR 136 REGIS	eviden-flydett	2



DEPARTMENT OF HEALTH AND MENTACHYGIENE

1 -	FOR STATE REGISTRAR		DEPART		EALTH AND		IYGIÉNE	REG	NO.		
	CEASED NAME FIRST		MIDDLE	i.	AST		20. DA	TE OF DEATH	MONTH	DAY YEAR	26 HOUR A
(TYPE	THEOPHER				MOORE		oc	TOBER	21,	1984	1:03 M
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	Male Black				11	16		68	YR	MONTHS DAY	S HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER	AA A D DIED			_	NTY OF DEATH	
1	N. Carolina	U.S.		WIDOWE	0 0	NORCED		ALTIM		CITY	MD.
I	BALTIMORE	THE J	HOSPITAL, NURSING FACILITY, GIVE STREET OHNS HO	PKINS		PITAL	TYPE C	SUAL OCCUP OF WORK FOR MO			O OF BUSINESS OR
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	DR OTHER INSTITUTION JINTY	130. CITY OR TOW	/N	13d. INSIDE	NO [REET ADDRES		ope er St.	21213
14. F	ATHER'S NAME				15 MOTHER						IASI
	William	I .	Moore		S	rirst ae		Emm		Moo	
16n \	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17. INFORM				DRESS	1100	
(IVE WAR OR DATES)	239-07		Mar	у Моо	re 1	801 N	. Re		Street
	18 CAUSE OF DEATH (Enter of		r line far (a), (b), an	nd (çı.)						APPR BETWE	OXIMATÉ INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Cardio	onlus	pon	thre	N.			18	min
	IMMEDI		RAS A CONSEQU		1.0	0.00	C				
	Conditions, if only, which gove rise to immediate (b) Whatalace Oal Cell Caramona										
	cause (a), stating the underlying cause last. DUE TO, OR ASA CONSEQUENCE DE JUILLAND										
	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TI	ERMINAL D	ISEASE OR C	MOITIDMC	GIVEN IN PART	Tian
NO.											
CERTIFICATION	190 DATE OF OPERATION					AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?				
E	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	NE INTITION		11/2 HOW!	NUIDY OCC	YES		J	YES	NO 🗆
	OR CONTRIBUTING CAUSE OF D	LIGHT A		AY YEAR	Zienowi	INJUNI OCC	LOKKED (E	NIEK NATURE OF	INJUNT IN THEM	TIO TAKE I OR FARE	11
V V	LIFEITHER NOTIFY MEDICAL EXAMIN	(ER) P.	.M.	19							
MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211_LOCAT	ION ET		CITY C	RIOWN	COUNTY	STATE
	AT WORK AT WORK			md=			56	101	1	O. i	
	220.1 certify that (1) (this has saw the deceased alive of abave, (1) (we) (did) (did)	1015	19_	84.	nd that in (m)	/) (aur) apın	ion death o	iccurred an th	e date and	have and fram t	L, that (I) (we) lost the causes stated
	226. SIGNATURE	D n	arter dearn.	1	DEGREE	ATTENDING	G MFF	DICAL S	TAFF	22c. DA	TE SIGNED
	22d. PHYSICIAN'S NAME CIVE	Taula de PRINTI	no-	1,	22e ADDRE	PHYSICIAN	N DIRE	CTOR PH	SICIAN	S HOSP	TURT
	RARH	MAN	HEI	URY	600	1111	OLFE		BALT		21205
	BURIAL, CREMATION, REMOVA				EMETERY OF			LOCATION	4	COUNTY	STATE
	BURIAL	10/2	6/84 B	alti	more	Cemet	ery	Balti	more		Md.

DHMH - 16 50M 4/B3 (VRA 15, 4)

MPORTANT: If frem 21 is marked or frem 18 sha

Wm C March F/H Inc. $1101~{
m E}$ North Avenue

250. DATE REC'D BY REGISTRARISS REGISTRARIS SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYBIENE

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FOR

The section of the second section of the second sec Mary 12052 Franking Strang SANTEN OF PROPERTY OF THE PROP

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20M 4/B2

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND

CERTIFICATE OF

	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
DRSE	10 3	81 84 10 30
IRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
3, 1903	8 YRS	MONTHS DATS HOURS MIN.
NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
DIVORCED [DALTIMORE C	-1 TY MC
THER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
2 CENTER	AT HOME	I THOUSINI
INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	31311
S NO	1333 WEST 41 5	STREET
MOTHER'S N	IAME MIDDLE	LAST
Anna		MAUDEN
INFORMANT	ADDRESS	
FAMIL	y RECORDS	
	2 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
roun -	Syndrome	
early f	Aceident	
p'ti:	Poseible Pul	15 - 6D >
I DELATED TO THE YEA	A DISEASE OF CONDITION OF	SALMIDADE L
I KELATED TO THE TEN	rminal disease or condition giv	EN IN PART TO
AS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
		YING CAUSES OF DEATH?
, HOW IN ILIPY OCCI	JRRED (ENTER NATURE OF INJURY IN ITEM 18 P	
	MINED (ENIER MAIONE OF MAJORI IN HEM ID .	ART (OR PART 2)
LOCATION		
STREET	CITY OR TOWN	COUNTY STATE
12 10 5	0 . 10 31	10 67
nat in (my) (aur) apinio	in death occurred on the date and have	r and from the causes stated
		22c. DATE SIGNED
MET.		

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)

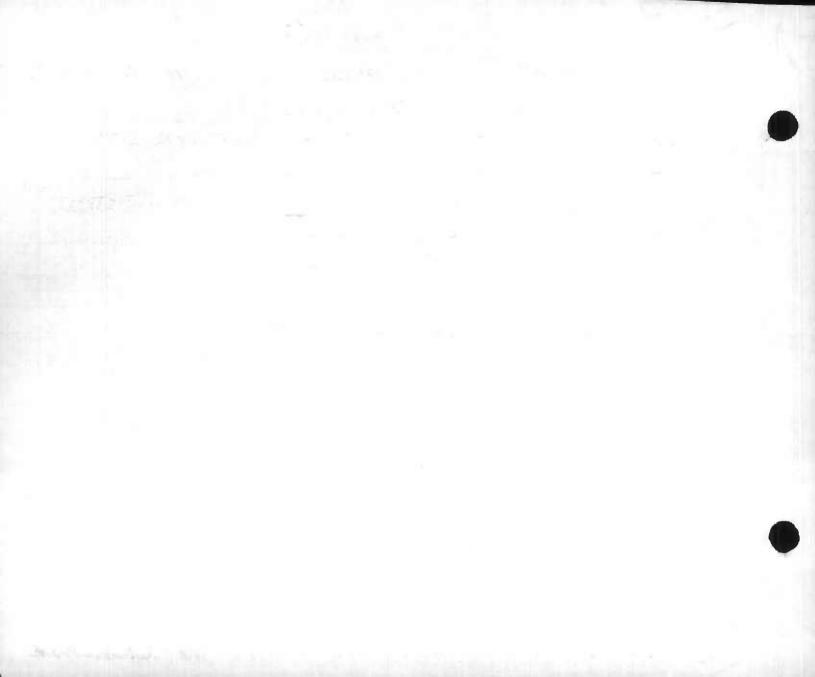
231 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

ha Cavidson



Wm C March F/H Inc. 1101 E North Avenue

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

CERTIFICATE OF DEATH

2a DATE OF DEATH

26 HOUR

12h KIND OF BUSINESS OR

6:00 PM # UNDER 24 HRS

8

IF UNDER 1 YEAR

INDUSTRY

Brown

COUNTY

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

Tavidson Pandall

10-08-84

Md.

0

Item #3 Film #G596

- STATE

1. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

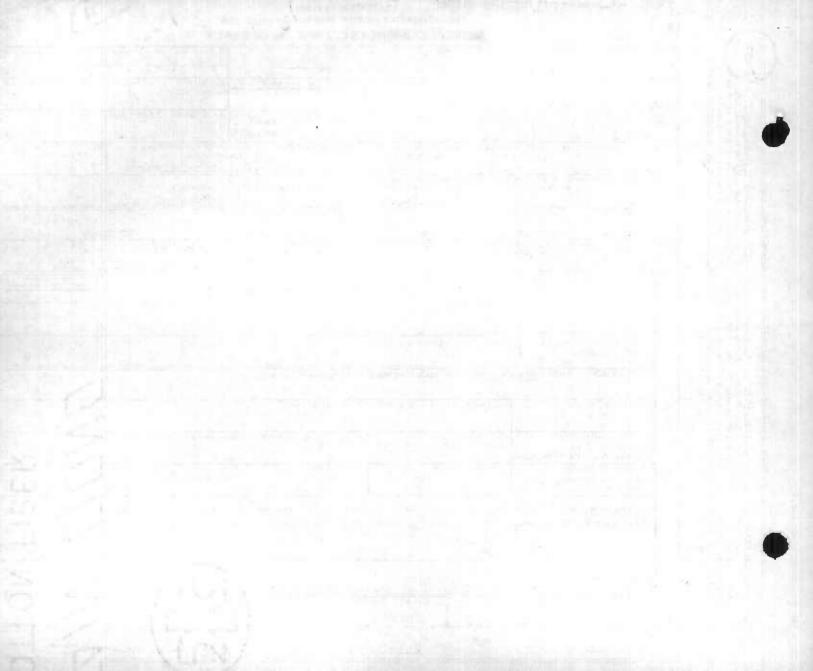
10/15/84 ip



V		FOR STATE REGISTRAR		ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	REG. NO	27208	75 ON
ge 4 may be	1. DE((1YPE	CRASED NAME FIRST	1PP6 A RACE	5. DATE O	105 (A BIRTH 1960	20 DATE OF DEATH OCT 6. AGE (IN YEARS LAST BIR)	22 /984 / HDRY) IF UNDER TYPE IF IF	UNDER 24 HRS
Property for the party for the	70. BI	ATHPLACE (STATE OR FOREIGN OLIVITY) TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUN USA 11. NAME OF HOSPITAL, N	MARRIED		BALTIM.	R COUNTY OF DEATH ORE CITY ON 126. KIND OF BU	MD USINESS OR
24 hours offer liled in by the stilled who was the notified who was the notified who was the notified by the stilled who was the notified who was the notified who was the notified who was the stilled who was the notified who was the notifie	B 130.5	LE RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION, GIVE RESIDENCE	STREET ADDRESS) BEFORE ADMISSION) TOWN	// RD	DESIGNAL 13e STREET ADDRESS	ER CLOTH	ING
campletely fi		THER'S NAME FIORE (AS DECEASED EVER IN U.S. AR)	MED FORCES? 16h SOCIAL	SECURITY NO.	YES NO [] IS MOTHER'S MAIDEN NA CONE # IT INFORMANT	ME MIDDLE	VENDITTI	, KD
ate be execu	('	(IF YES, GIVI 18 CAUSE OF DEATH (Enter onl	y one couse per line for 101, (8324	COHCETTA	MOSCAN	nation Hil	IRD
equires that the death certifing signed by the attending pto Then please remove corbong rito burial, cremotion, ar remainlury, or other traumatic even	NOI	PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if ony, which gove rise to immediate cause 0 , stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	CLUTAL SEQUENCE OF	Vascula/	disease or conf	DITION GIVEN IN PART 110	
The low rician. te has bee sist permit. Shaws any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION		20a AUTOPSY?		USED DEATH?
IG PHYSICIAN, TI ottending physicial ter this certificate is the buriol-transit and Mental Bhysiciand Annual Manual Physician and Mental Bhysician and Mental Bhysician and Mental Bhysician and Mental Bhysician and Mental	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK		19	216. HOW INJURY OCCUR 211. LOCATION STREET	CITY OR TO		STATE
the hospital or the hospital or to DRECTOR: After the property of the Dept. of Health is the property of the p		22a I certify that (I) this haspit saw the decreased alive on, above, (I) with teleproduction 22b SIGN (TUR)	A 40 A 4 A 4	19 <u>84</u> , one	19 19 1 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN	death occurred on the do	ote and hour and from the caus	
TO HOSPITAL retained by th TO FUNERAL should be deter with the State		228 PHYSICIAN'S NAME (TYPE OI	BALI	O EDMONDS IMORE, MD.	21228		IAN .	
ВР	23a. 8	URIAL, CREMATION, REMOVAL PECIFIC INC. PERAL DIRECTOR	16/25/84	NEWC	ATh EDRAL	BALTO TE REC'D BY REGISTRAN	COUNTY MY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	W	BER FUNERAL	HOME EDMO	NOSON	AVE OC	T 26 1984	25th REGISTIVAN'S SIGNA PIBE	Andrew.

EVANEUTION MORCH DEL 33 1954 1= 148 JULY 15 THE ITALY LES THERE ZITY SHITTINGSKE DIF MALLOW HILL RD DESIGNER CLETING ON THE SHAPE SHEPHELD HINE FIGHT MESCA COVERS VENDING atten 8324 SCHETTA MESCA MAINGERIN FO 01/1 WEST CONEYAL FORE EPHONOLOGY AVE. ILLAD SON

	FOR - STATE	-22a 12/3/	0	EPARTMENT OF	HEALTH			209			
	REGISTRAR DECEASED NAM	FIRST	MEL	MIDDLE		ERTIFICATE O	KEG.				
	TYPE OR PRINT)						20. DATE KNOWN OF ESTI-		AR Zb. HOUR		
3 5	SEX	Michae I	S. DATE OF BIRTH	A.	ARS IF UN	DSES DER T YR. TIF UNDER	DEATH MATED 24 HRS. 2c. DATE	10/22/8H	AR 2d HOUR		
	ale	Caucasio	MONTH DAY	YEAR LAST BIRTHDA	AY) MONTHS		MIN PRONOUNCED DEAD	10/22/8419	7:00 P M		
- Second	BIRTHPLACE (S		76 CITIZEN OF WH		2	D NEVER MARRI	9. BALTIMORE CITY	OR COUNTY OF DEATH	_ 10		
2	Maryaa	ind	USA		WIDOWE			ce City	MD		
0 10.	10. CITY OR TOWN OF DEATH Baltimore		11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Agnes Hospital			RINSTITUTION	126 USUAL OCCUPATION (1) FOR MOST OF WORKING LIFE)	OR INDI	OR INDUSTRY		
	UAL RESIDENCE	(IF IN NURSING HOME OR	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSIO			Painter Helpe	er	-		
5	Md.	13b COUNT	Y	Baltimore		YES NO D	13e. STREET ADDRESS 4112 Hyden Co	ourt 212	23		
J. H	FATHER'S NAM		MIDDLE	LAST		15 MOTHER'S MAIDE	N NAME MIDDLE	LAST			
U	Ernest		en	Moses		Josephi	.ne	McQuade			
1 160	WAS DECEASE	D EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURITY	Y NO.	17 B.P. PRMANT-Of	f. W.A. Thompse	Sh			
L	No					C.C.#8J500		ore City, Md			
	18 CAUSE C	OF DEATH (Enter only			7.7				MATE INTERVAL		
	PARTIDI	IMMEDIATE		imary Cereb	ellar	: Hemorrha	ge (431)				
	C. Hu		DUE TO, OR	AS A CONSEQUENCE C	OF						
143	gave ri	ns, if any, which se to immediate	(b)								
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3		IGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PAI	RT 1 (e).				
7 3	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WA	AS PERFORMED?		20 AUTOR	SY?		
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2 8		AL CAUSE WAS	21b. TIME OF HOUR A.M.	INJURY MONTH DAY YEAR	21c. HO	W INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM				
1 3	UNDERLYING	NG CAUSE OF D	EATH P.M.	19							
1	21d. INJURY		21e PLACE O	OF INJURY (AT HOME, DRY, FARM, ETC.)	21f. LOC	ATION	CITY OR TOWN	COUNTY	STATE		
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	270 cert	fy that I took charae	af the remains desc	ribed abave, held an	Autopsy	Inspection	n , Inquiry ,	and in my apinian	- 0		
	death result		170		icide .	Homicide .	Undetermined manner],			
		9	74-			TITLE (SPECIFY)					
1	ACTUAL SIGNATURE	X	2746		M.	,	L_MEDICAL EXAMINER	DATE SIGNED 10/2	3/84		
7	EXAMINER'S	NAME	0					31011110			
1	(TYPE OR PRI	NT) Gree		auffman, M.	D. A	DDRESS111	Penn St.				
230	BURIAL, CREMA	TION, REMOVAL 23	DATE	23¢ NAME OF CEM	METERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE		
	Removal		10-30-84								
	FUNERAL DIREC		ADDRESS				REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE	2		
	state An	atomy Boa	rd	Baltin	more,	Md. INOV	2 1984 galler	Tevidson-Randal			



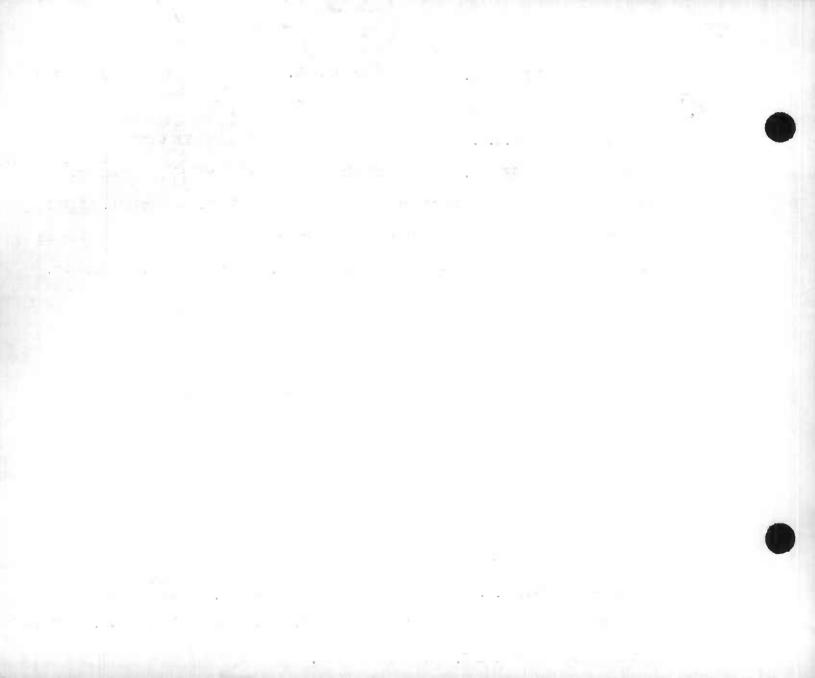
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DEPARTMENT OF HEALTH AND MENTAPHYGTENE

- STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH DECEASED NAME 2b. HOUR LIVPE OR PRINTS MOUBREY, SR. ROBERT H. 5:00 10 08 84 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH 2 18 MALE 66 WHITE TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY U.S.A. Virginia BALTIMORE CITY DIVORCED [IB CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR INDUSTRY Upholstrey Millworker BALTIMORE 1813 W. LOMBARD STREET Indus. USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore 1813 W. Lombard St. 21223 YES X NO [FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLI Charles Moubrey McDorman Artie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 21223 WW II Angelina M. Moubrey 1813 W. Lombard St. 220-05-9563 18 CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o), stoting the underlying couse lost PART 2. QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Luy mais in 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE T 22a | certify that (1) (this hospital) attended the deceased from 19_ obove, did did not view the body ofter death and that in (my) (our) opinion death accurred on the date and hour and from the couses stated 22b. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL 10-8-84. DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 1614 WILKENS AVENUE SUJETA SAPSIRI, M.D. 1910-14 W. PRATT STREET 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN 10/11/84 Crownsville Vet. Cem. Burial Crownsville A.A. Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT:



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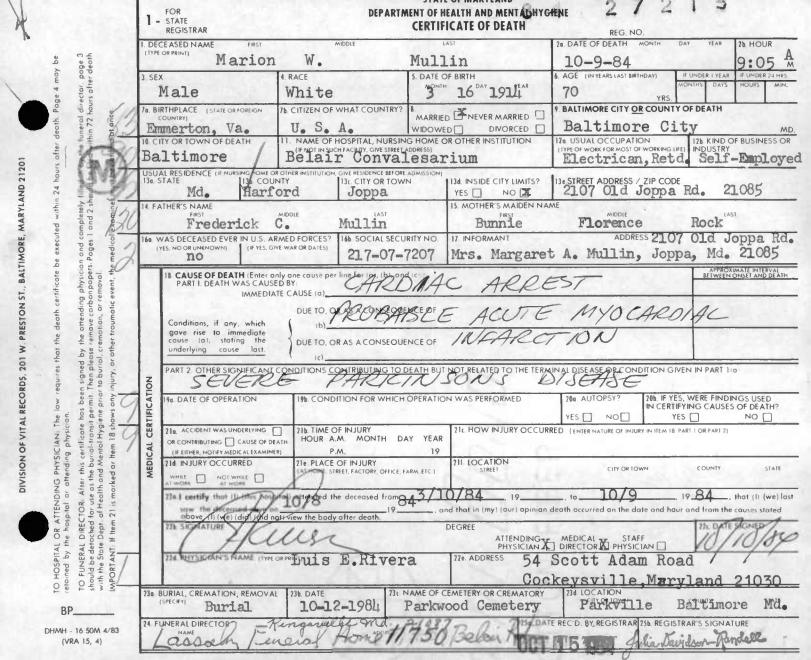
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1	5	RTHPLACE (STATE OR FOREIGN COUNTRY)	us	WHAT COUNTRY	MARRIE	D NEVER MARI	CED 🔲	9 BALTIMORE	TIMOR	EC!	74	MD. BUSINESS OR
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exomine		ATHER'S NAME FIRST Unknown		unki	IOWN		ilan	M	DDIE	и	NKK	WWW
medical		WAS DECEASED EVER IN U.S. YES, NO ORUNKNOWN) (IF YES,	ARMED FORCES? WAR OR DATES)	219-38	- 5396	PRETHA	ELL B		27 E	Bolton Wh	mdi EFU	NG 5T
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21 is mo		278 1 certify that (1) (this hospital) attended the deceased from 10/29, 19, 40, 10, 19, 37, that (1) (we) lost sow the deceased alive on 10/31, 19, 34, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body of ter death.										
VT: If hem		276. SIGNATURE	Pelet	Pat		PHY:	NDING SICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	220	10/	31/84
MPORTANT		R. PEL	CHAT	MD		UNIV.	OF	MARY	LAND ,	MEDI	CAL	SYSTEM
- IV	23a. E	BURIAL, CREMATION, REMOV (SPECIFY) Burial	Nov.3,		(edan	Hill Cen	matory etery	23d. LOCATION BOLL	invites	com	iryle	nd state

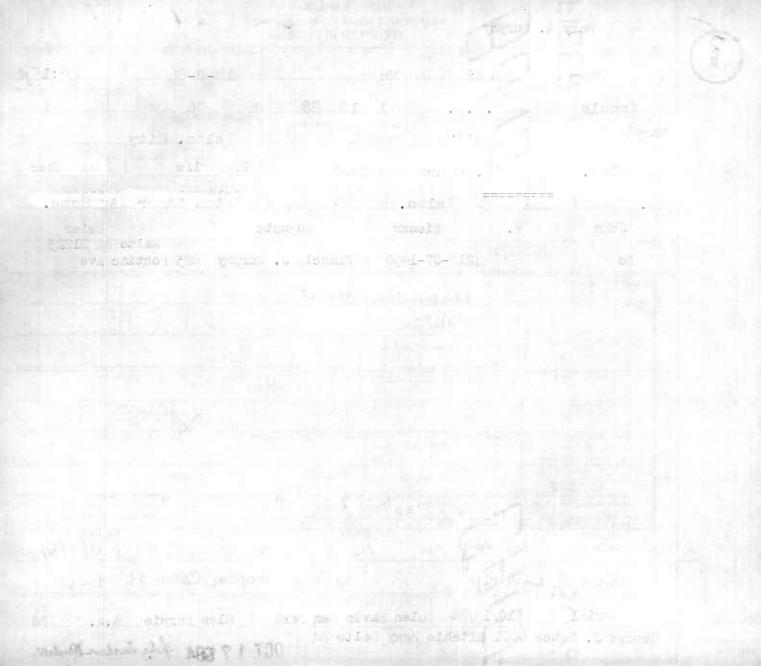
DHMH - 16 50M 4/83 (VRA 15, 4) Mc Cally Funeral Home. 130 E. Fort Ave. Batto.

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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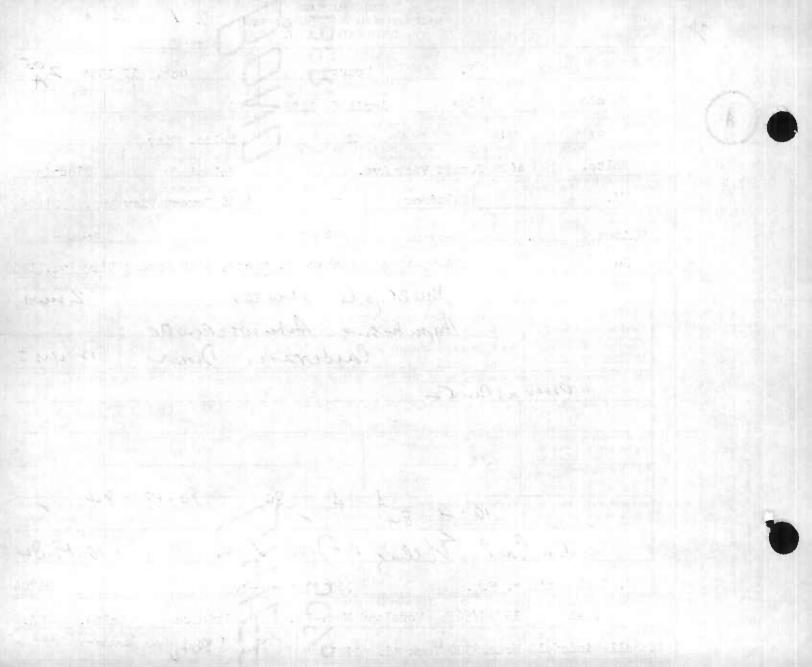
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Comhelly Funeral Home of Dundalk

FOR - STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

20 DATE OF DEATH MONTH

30.

YES [

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

22c DATE SIGNED

1984 IF UNDER I YEAR

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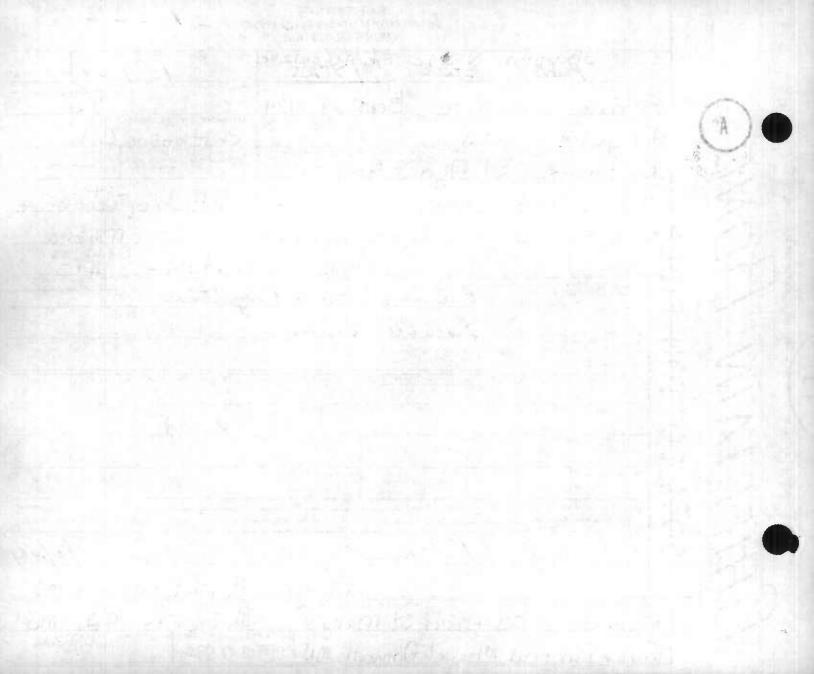
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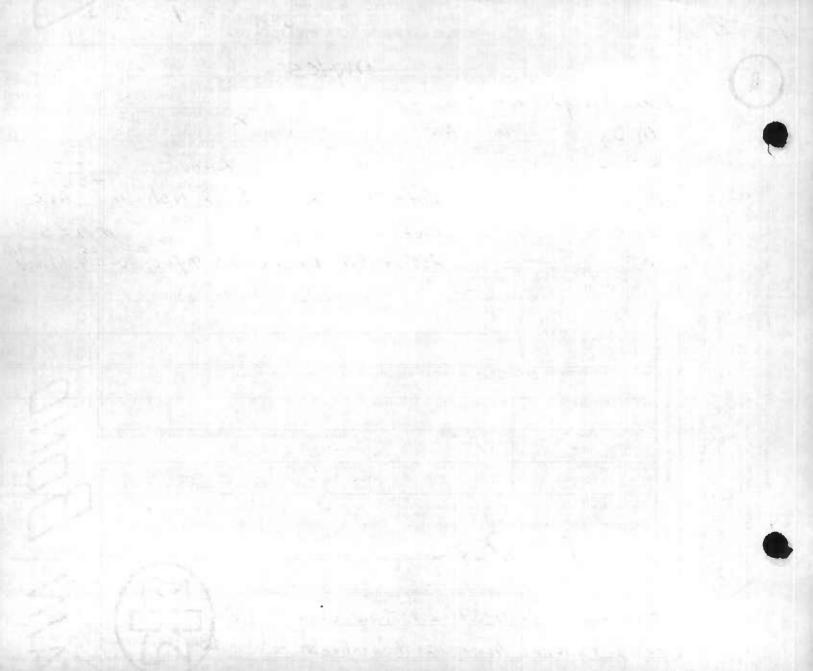
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FOR STATE REGISTRAR		TH AND MENTAL HYGIENE	REG. NO.
1. DECEASED NAM (TYPE OR PRINT)	men theole also	YERS	OF DEATH MONTH DAY YEAR 76. HO
Female	White Sept.	29, 1984	NYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDE
70 BIRTHPLACE (STATE OR FORE COUNTRY)	MARRIED L. WIDOWED	DIVORCED D	attimore City
USUAL RESIDENCE (IF NURSHI	(IF NOT IN SUCH PROUTY, GIVE STREET ADDRESS)		LOCCUPATION ORK FOR MOST OF WORKING LIFE) 126. KIND OF BUSIN INDUSTRY
130. STATE	AA Hnnapolis YE	I. INSIDE CITY LIMITS? 130. STREE ES NO 1510 MOTHER'S MAIDEN NAME	HICKORY Wood Dr
Robert Was deceased ever in	C. Goetzke	Joanne Informant	ADDRESS STATES
(YES, NO OR UNKNOWN)	(ES, GIVE WAR OR DATES)	Robert C. Gos	tzke- Jame as
PART I. DEATH WAS	ofer only one cause per line for (g), (b), and (c).) AUSED BY: EDIATE CAUSE (g)	leva + Corges	APPROXIMATE INT
Conditions, if ony, w gove rise to immed cause (a), stating underlying couse	ite (S)	lepás.	
	ANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT	T RELATED TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN PART 1 (a)
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saw the deceased of abave, (1) (we) (did)	did not) view the body after deoth.		
22b. SIGNATURE	el lelogu M	ATTENDING MEDICA	STAFF
224 PHYSICIAN'S NAME		St Agnes Hos	ipital Baltimore M
27		TERY OR CREALATORY 23d. LOG	CATION
THE BURIAL, CREMATION, REA	Och 4,1984 St Ma	eru's An	REGISTRAR 250 REGISTRAR'S SIGNAPURE 4001



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P	M	1-	STATE REGISTRAR				CERTIFICATE	PERTH	S. NO.	
	7		CEASED NAME FIRST		WIDDLE		LAST	20 DATE KNOW		DAY YEAR 26. HOUR
1	対の容易出	(IA)	JAMES	5		m	V/105	OF ESTI- DEATH MATED	□ 10	6 19 84 M
()	AS SH	3. SE	4 RACE	5. DATE OF BIRTH	YEAR (AST BIR)		DER I YR. IF UNDER		MONTH	DAY YEAR 2d HOUR
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	1188101		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	8 MARR	IED NEVER MARR	P BALTIMORE CI	Y OR COUNTY	Y OF DEATH
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-	PAGE EFILED	10 C		(IF NOT IN SUCH FAC	ITAL, NURSING HO	55)		120. USUAL OCCUPATION FOR MOST OF WORKING LIFE)		26 KIND OF BUSINESS OR INDUSTRY
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		230.B	URIAL, CREMATION, REMOVAL	10-11-84	1 Fact	CEMETERY	Cem.	23d LOCATION CITY OF TOWN	COUNT	m S
	BP	24 F	DWKIAL UNERAL DIRECTOR	, , ,	21731	VICEO	250. DATE	REC'D. BY REGISTRAR 256	REGISTRAR'S SI	M.D.
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Harry H. Witzke 4112 Columbia Pike Ellicott City, Md.

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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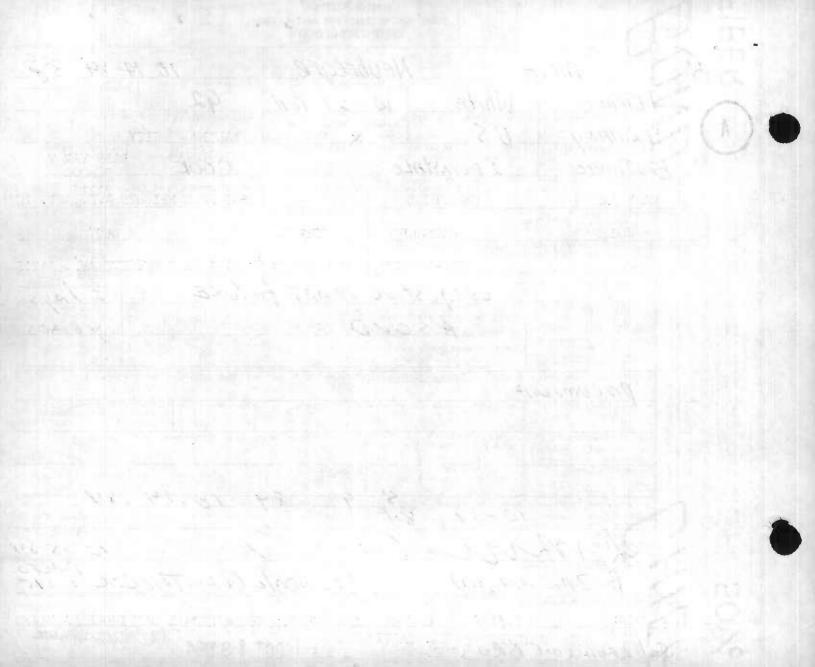
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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(VRA 15, 4)

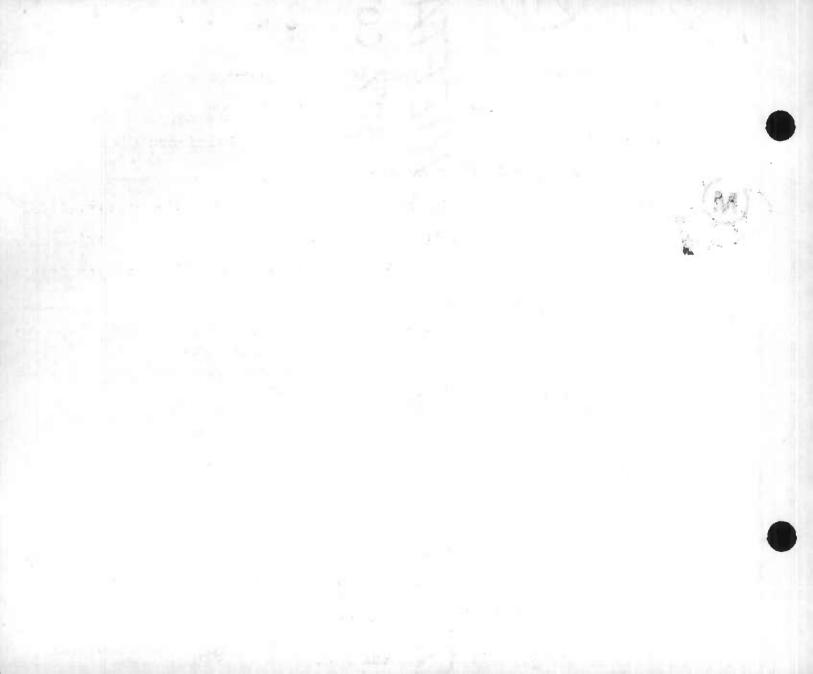
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

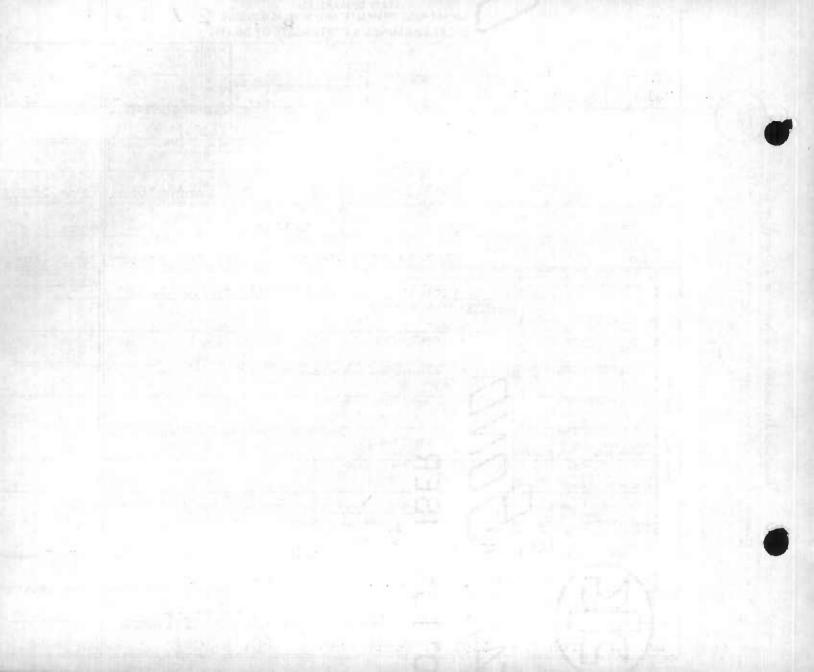
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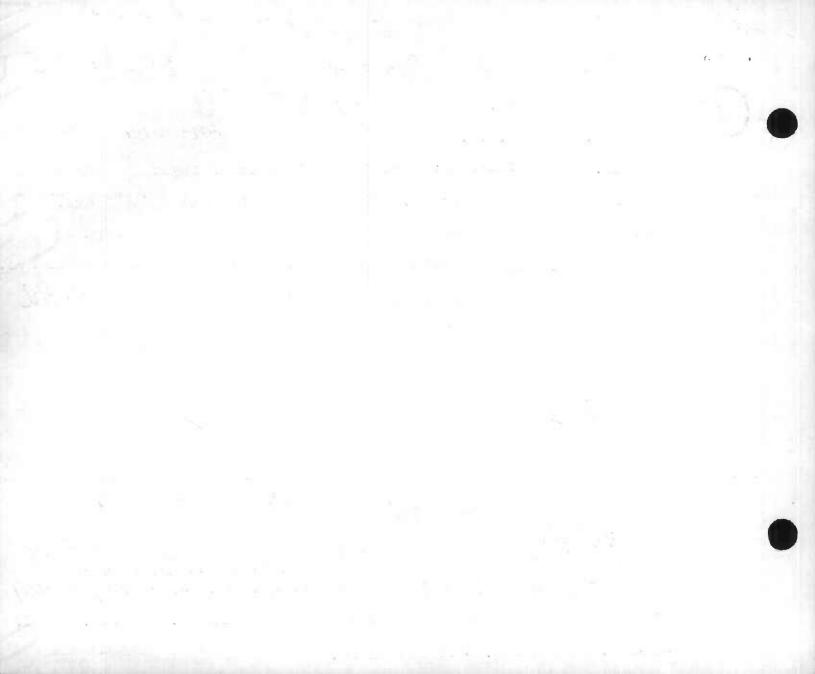
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iner must be notified

with the State Dept. at Health and Mento raygiene prior to burior, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical exam

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE
CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENEAL HY	GIENE 2 7	2 5 o.			
		CEASED NAME	FIRST	٨	NIDDLE		AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOU	R
	1,		Eliza	beth M	lary	O'CO	nnor	October 1			12:0	19 M
	3. SEX	Х		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	24 HRS
		Female		Whit	е	Dec		71	YRS	DATS	HOOKS	m ire.
		IRTHPLACE (STATE OR	FOREIGN	6 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH		
7		New York		U.S.	Α.	WIDOWE	1444	Balti.	more Ci	ty		MD.
2	10 CI	ITY OR TOWN OF DE	ATH	11. NAME OF H	HEACHITY GIVE STREET	IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON SE WORKING LIEE	126. KIND C	F BUSINE	SS OR
)	Ba	altimore		Mar	yland Ger	neral	Hospital	Technical	Editor		. Gov	/1t.
5	13a. S	AL RESIDENCE (IF NURS STATE Maryland	136 COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			11:57	
-	_	ATHER'S NAME			Daiting	re	15. MOTHER'S MAIDEN NA	301 McMec	nan Str	eet	21217	
3		John Br	iethau	AIDDLE	LAST		FIRST	MIDDLE		LAS	ST.	
	Iás V	WAS DECEASED EVER		<u> </u>	166. SOCIAL SECU	RITY NO	Mar 17. INFORMANT	y Loughlin	ESS		-	
		YES, NO OR UNKNOWN)		WAR OR DATES)	131-03-64		Paul O'Conno	r Middlesex	. New J	Jersev		
ì		18 CAUSE OF DEAT	'H (Enter onl	y one couse per	line for (o), (b), one	d (c).1				MATE INTER	VAL	
		PART I. DEATH W			epatic Fa	attu l	Metamorphosis			19 11		
7		EN THE	14		W.							
	- 3	Conditions, if ony			RASACONSEQUE Clinical		etes Mellitus		ALLAP		300	
	9	gove rise to imi										
		couse [o], stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CONSEQUEN										
	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										
	CERTIFICATION			itonitis			ilateral bron					
	ICA	196, DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	106. IF YES, V	WERE FINDING CAUSES	OF DEAT	H?
	RTIF						10.	YES K NO	YES	-	NO [
		218. ACCIDENT WAS UNI		216. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I I OR PART 2)		
	EDICAL	(IF EITHER, NOTIFY MEDI	CAUSE OF DEATH									
	MED	216. INJURY OCCUR	нце [7]	218. PLACE (OF INJURY EE1, FACTORY, OFFICE, F	ARM, ETC]	21f LOCATION STREET	CITY OR TO)WN	COUNTY	S	TATE
	6	22s I certify that (4)	Ithis hospit	ol) ottended the	e deceosed from_	Octo	ber 3 19 84	10_ Octob	er 12.19			
	E	sow the deceas above, viewe) (ed alive an.	Octob	er 12 19	84, a	nd that in (my) (our) opinion	death occurred an the d	ate and hour a	nd from the	couses sto	ited
	18	226. SIGNATURE	4.0	TT	orier deom.	- 44	DEGREE			22c. DATE	SIGNED	
		Thomas H. Laren M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO									12/84	1
		224. PHYSICIAN'S N.	AME (TYPE OF	PRINT)	,		22e ADDRESS					
	132	Tom G	aney,	M.D.			c/o Maryla	nd General	Hospita	11		
I		BURIAL, CREMATION,	REMOVAL	236. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
		(SPECIFY) Crema	ation	Oct 15	1984 Se	ecuri	ty Porcess	Baltimo		YIAUO	S	TATE
	24 FL	UNERAL DIRECTOR			Inc.	7110 E	25e. DA		256 REGISTRA		بالألمالان	
		www.			ADDRESS	Battimo	ing mere OC.	1 1 6 1984				

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STATE OF MARYLAND
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CERTIFICATE OF DEATH

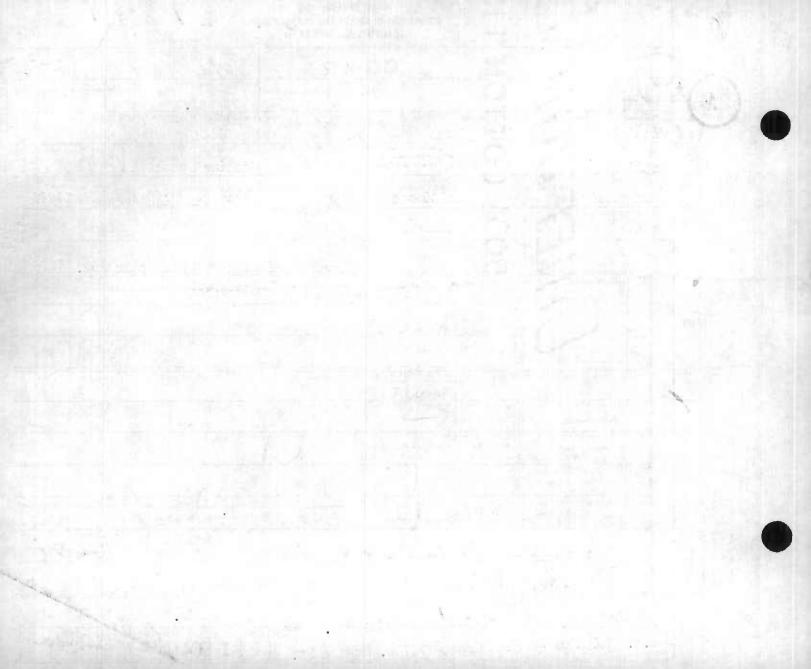
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REGISTRAN	REG. NO.
1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT)	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
BRAD M. ODONNELL	October 23, 1984 1:05a
3. SEX 4. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAY'S HOURS MIN.
Male White Dec. 28	The state of the s
**BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEV	W 9 BALTIMORE CITY OR COUNTY OF DEATH
Massachusetts U.S.A. WIDOWED	DIVORCED BALTIMORE CITY, MD
CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER	INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR
BALTIMORE THE JOHNS HOPKINS HO	SPITAL None
USUAL RESIDENCE (IF NURSING HIME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131 COUNTY 136. 1131 OR TOWN 136. 1NS1	DE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 99999
Rhode Island Pascoag YES	NO X 76 Church Street 02859
FATHER'S NAME FIRST MIDDLE LAST	HER'S MAIDEN NAME FIRST MIDDLE LAST
Charles H. O'Donnell III	Nancy C. Menard
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFO	rmant address
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) None Bro	wn Funeral Home Oakland, Rhode Island
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) RENG! Failur	48 hours
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which (th) YPOX'S	2 weeks
gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	
underlying couse lost	3 weeks
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110:
& Acute Lymphocytic Leukemic.	
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PI	REFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Acute Lymphocytic Leukemic. 190 Date of Operation 190 CONDITION FOR WHICH OPERATION WAS PI 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PI 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	YES NO YES NO
210. ACCIDENT WAS UNDERLYING TO SALES ON BEATH HOUR A.M. MONTH DAY YEAR	W INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
OR CONTINUED IN CLUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) 217 LOC	ATION THEET CITY OF TOWN COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK	,
220 1 certify that (1) (this hospital) attended the deceased from92	, 19, to
sow the deceased drive on 1023 19 9 ond that in above, (1) (we) (did) (did not) view the body offer death.	(my) (our) opinion death occurred on the date and hour and from the causes stated
226 SIGNATURE DEGREE	22c DATE SIGNED
Motor of Dues	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
22d PHYSICIAN'S NAME (TYPE OR HITH) 22e AD	0 1 = 1 11
Robert Mr Spear, M.D. 4	100 N. Broadway, Johns Hapkins H
230. BURIAL, CREMATION, REMOVAL 230. DATE 231. NAME OF CEMETERY	OR CREMATORY 236 LOCATION
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY	OR CREMATORY Cks Cem. 236 LOCATION COUNTY STATE
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY	OR CREMATORY CHYOR TOWN CHYOR TOWN CHYOR TOWN CHYOR TOWN CHYOR TOWN COUNTY STATE CO

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99 (N)		MALE	4 RACE BLAC		S. DATE (18 yrs	• YRS	IF UNDER 1 YEAR	HOURS MI
deoth P	vi	IRTHPLACE (STATE OR FOREIGN COUNTRY) TGÍNÍA	United		WIDOWE		1 0'4.	Y <u>OR</u> COUNTY	OF DEATH	,
by the f	Ba	ltimore	"LUTH	ERAN HOS	PITAL	DR OTHER INSTITUTION	TYPE OF WORK FOR MACHINE (OST OF WORKING LIFE	12b. KIND OF INDUSTRY	BUSINESS
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oe execut no and ca . Pages 1		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SE	CURITY NO.	Travala (1)	iggs 2900 W	DORESS	th Aug	21216
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at the death by the attence se remove cc cremotion.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)_	DR AS A CONSECU	UN					
equires the signed to signed to be pleader to buriolinity, or a injury, or a	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	1 -	NOT RELATED TO THE TI	ERMINAL DISEASE OR C	ONDITION GIVE	EN IN PART 110	
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ottending the bus of the bus the bus the bus the bus the bus or th	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME S	OF INJURY TREET, FACTORY, OFFICE	E FARM, ETC.)	211 LOCATION STREET	CITAC	DR TOWN	COUNTY	STATE
ATTENDI or spirol or CTOR. A I for use of Health		220.1 certify that (1) (this has sow deceased after about howe) (did) (did n	286	77 [0]	E 3 3 4	d that in (my) (our) apini	ian death occurred an th	, 1	ond from the co	nat (I) (we) la
TAL OR , the ho RAL DIRE detached tote Dept tote Lar. If Item		22b. SIGNATURE	l	MM	pre-		MEDICAL SHECTOR PH	STAFF YSICIAN []	10 6	GNED - BY
TO HOSPITAL Coretoined by the TO FUNERAL Eshould be detoined that the Stote ElmPoRTANT: IMPORTANT: If		1250 PHYSICIAN'S NAME (TYPE	Ma	Hour	am	800 C	MUDDANS	308		
BP		BURIAL, CREMATION, REMOVA SPECIFY) Burial	10-1	1		Mom Path	CITY OF TOW	· .	COUNTY	MDE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	INERAL DIRECTOR LIMANE Phillips F	uneral t	Home 17	27 N. A	Mem. Park	CT 1 1 198	AR 25b. REGISTR	AR'S SIGNATU	andall.

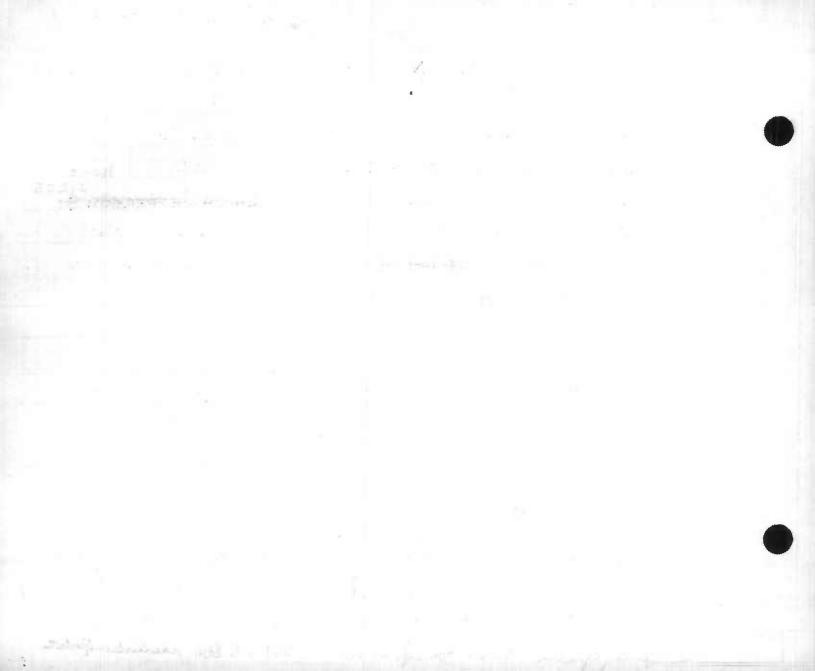


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 26. DATE KNOWN (X) MONTH DAY (TYPE OR PRINT) DEATH MATED Olson . Sr. 10/23/84 James W. 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS DATE 8: 25 R YEAR LAST BIRTHDAY) PRONOUNCED Male White Dec.29,1927 56 YRS DEAD 10/23/84 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FILMAN, Towa MARRIED NEVER MARRIED USA Baltimore City WIDOWED [DIVORCED 128. USUAL OCCUPATION ITYPE OF WORK 128. KIND OF BUSINESS OR INDUSTRY Crane Operator Construction CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Crane Operator Baltimore University Hospital Shock Trauma SUAL RESIDENCE | IF IN NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 134. INSIDE (ITY LIMITS? | 136. STREET ADDRESS | YES 13 NO | 356 E. Washington St. 13r. CITY OR TOWN Franklin Chambersburg 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ROBERTSON OLSON BIRDILA 166 SOCIAL SECURITY NO. 17. INFORMANT ADDR356 E. Washington St 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) W.W. II Mrs. James W. Olson, Sr. Chambershurg, Pa. 162-22-1655 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Mudtiple Injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [] TID. TIME OF INJURY HOUR WAR MONTH DAY YEAR 210 EXTERNAL CAUSE WAS subject construction worker standing on fork lift, fell striking head UNDERLYING YOR CONTRIBUTING CAUSE OF DEATH 1:30°M. 10/18/ 19 84 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT WORK AT WORK Armco Steel Plant Greencastle Pa. Construction site 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion Accident Z death resulted from: Suicide Homicide L Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL SIGNED_10/23/84 M.D. Assistant MEDICAL EXAMINER SIGNATURE AFTER DI EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY OCT.26,1984 CHAMBERSBURG, FRANKLIN CO.PA. NORLAND CEMETERY BURIAL 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Eline Funeral Home Reisterstown, Md (VR A15 ME (5)) 20M 4/82

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	noy po		3. SE)		4 RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	ge 4 ector rs of			Female	white	MONTH O(Z3	UN YRS.	MUNIHS DAYS	HOURS MIN.
	Po .	\$00		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER M	ARRIED .	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
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الم	5 74	iner	14. FA	THER'S NAME	IBAL	TO. C.TY		MAIDEN NAM		Chil	
X A K	omplete	\$ OC		Unknown	Sr	ryder		FIRST	Unknown		AST
BALTIMORE	n ond c	medical	16a V	(AS DECEASED EVER IN U.S. A (ES, NO OR UNKINOWN) (IF YES, G	RMED FORCES? 166. SOCI	24-2468	17. INFORMAL	Mr.F	rank Ontiveros,		above
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	ding physicio ding physicio is certificate I burial-tronsit Mentol Hygie	18 6	CER	210. ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
5	CIAI g ph ertifi ial-tr	Hem 7	SAL	OR CONTRIBUTING CAUSE OF DE	EATH	19					
2	HYS of his of hi	0 4	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	(OSEIGE EARL 876)	211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE
<u> </u>	offen, offen, ter th s the l	rked	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	, OFFICE, PARM, ETC)					
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	OR OR	# #e		22b. SIGNATURE			DEGREE	TTENDING	MEDICAL STAFF	22c. DATE	ESIGNED
	TAL yy th RAL deto deto tote			D	. Getay mo		P	HYSICIAN [10	1/26/4
	HOSPITAL OR ATTEN sined by the hospital FUNERAL DIRECTOR, buld be defached for u th the State Dept. of He	RTA		22d. PHYSICIAN'S NAME (TYPE		7	220. ADDRESS				
	TO HOSPITAL OR etained by the hor TO FUNERAL DIRE should be detached with the State Dept.	MPORTANT	_	David		D				17. mb	1 2120
	BP			URIAL, CREMATION, REMOVA SPECIFYI Burial	Oct. 30, 198	130 NAME OF C	Hill (e		23d LOCATION CIPORTONIONE,	Marule	and STATE
			24. FL	INERAL DIRECTOR	000.00,170	Camero	21220	0	REC'D. BY REGISTRAR 25b. REGIS	0	
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1 p	6		CEASED NAME CELEI	na M.	Padden	2a. DATE OF DEA	G. NO. TH MONTH DAY 10-21-	84 PAM
		3. SE	F	4 RACE W	5. DATE OF BIRTH MONTH DAY 2	YEAR 76 THE	AST BIRTHDAY) IF U MON YRS	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.
	27		Treland	TO CITIZEN OF WHAT COUNTRY CANADA	MARRIED NEVER MARI	RCED C	ty (Belt	more) MD.
by the full and motified	90	10.0	Whinere	11. NAME OF HOSPITAL, NURS (IF NOT BY SUCH FACILITY, GIVE STRE	ing HOME OR OTHER INSTITUTE ADDRESS PARTOR Medical	A STYPE OF WORK FOR	MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY SEEF-EMP.
In 24 hau ly filled in should be	35	130 5	Maryland 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TO 131. CITY OR TO	MN 113d INSIDE CITY I	0 3/9 E	RESS / ZIP CODE 30th SH	est 21218
amplete	00		Michael	MIDDLE Pade	en 15. MOTHER'S MA	lary Mic	DIE	Boyle
e be execution and construction and cons	1		VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 065-32	17 INFORMANT JOHN	P. RUBDY	BALV	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
uires that the death certifica igned by the attending phy en please remove carbonpo burial, cremotion, or remov ury, or other traumatic event		Z	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF T	UENCE OF SUP	the TERMINAL DISEASE OR	CONDITION GIVEN	IN PART I 10
he low requor. on. hos been si t permit. The	2	CERTIFICATION	196 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORME	ED 200 AUTOPSY	IN CERTIFYIN	ERE FINDINGS USED IG CAUSES OF DEATH?
DING PHYSICIAN: The contracting physicial After this certificate to so the buriol-transit polith and Americal Hygie marked or them 18 sha	9	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER, NOTHEY MEDIC AL EXAMINER 21d. INJURY OCCURRED NOT WHILE AL WORK AL WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	Y OCCURRED (ENTERNATURE C	OF INJURY IN ITEM 18 PART	(ORPARI 2)
OR ATTENIA he haspital in DIRECTOR oached for us Dept. of Hee If hem 21 is us			saw the deceased alice on abave (th) (we) (did this hid na 22b SIGNANORE	in ottended the deceded from	DEGREE ATTE	r) apinion death occurred on MEDICAL SICIAN DIRECTOR P	STAFF.	that we) last we) last wid from the causes stated we) ZI/SY
TO HOSPITAL retained by the TO FUNERAL should be detining with the State IMPORTANT:	1		22d. PHYSICIAN'S NAME (TYPE O	m Twis Zaman /		n Medical Ct		o., MD
BP			surial, cremation, removal Specify) Removal	10/22/84 F	NAME OF CEMETERY OR CREATERY OR CREATERY	Toror	nto,	CANADA
DHMH - 16 50M 4/83	3		JNERAL DIRECTOR Henre	ry W. Jenkins		250 DATE REC'D. BY REGIS	TRAR 256. REGISTRAR	S SIGNATURE

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR

2a DATE OF DEATH MONTH 26 HOUR 10 20 84 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ENTER CAB DRIVER 13e.STREET ADDRESS / ZIP CODE amean MIDDLE ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F CITY OR TOWN COUNTY STATE 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN Balto., Md. 21218

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

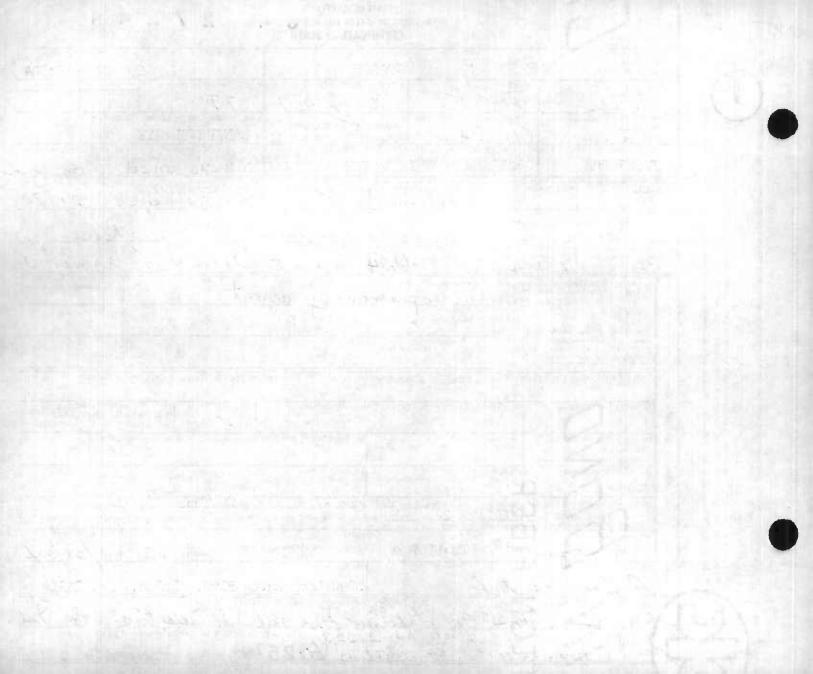
LAST 1. DECEASED NAME (TYPE OR PRINT) **JAMES** PALMER LIGACI 5 DATE OF BIRTH 3.58x YEAR ESTATE ON FOREIGH 76 CITIZEN OF WHAT COUNTRY? MARRIED HEVER MARRIED WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136, ST. 11 136. COUNTY OTY OR TOWN 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 14 FATHER'S ME FIRST uguna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from SEPTEMBER OCOTOBER 20 19 84 sow the deceased alive on <u>OCOTOBER 20</u> obove, (I) (we) (did) (did not) view the body after death, and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated 22h SIGNAT DEGREE ATTENDING CONJURA PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 3900 Loch Raven Blvd. ENIVERA 73s BURIAL CREMATION. REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORT

14 FUNERAL DIRECTOR



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executed

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

physician

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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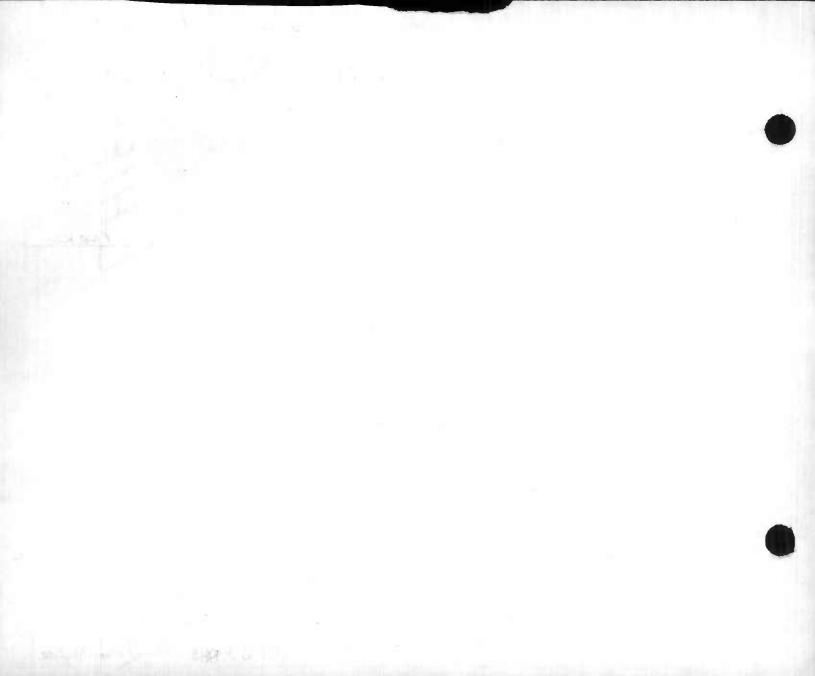
1		REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.			
90		CEASED NAME	FIRST		MIDDLE	Į.	AST	1	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
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	3 SE	Male		4 RACE Blace	ck	5. DATE C	19 DAY 19 YEAR		AGE (IN YEARS LAST BI	RTHDAY)	MONTHS	DER I YEAR	HOURS MIN
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35		Md Md		US	5A	WIDOWE	NEVER MARRIED		BALTIM	DRE C	ITY		· N
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-		VAS DECEASED EVER		MED FORCES?	16h SOCIAL	SECURITY NO.	17 INFORMANT		ADDR				
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9	-	21g. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH	H DAY YEAR	21¢ HOW INJURY OCCURR		RED (ENTER NATURE OF INJURY IN TIEM 18 PART I				
	MEDICAL	21d INJURY OCCUR	RED HILE	21e. PLACE	OF INJURY	DEFICE FARM, ETC]	211 LOCATION STREET		CITY OR T	OWN	C	OUNTY	STATE
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		126 AGNATURE	ica	130	redit	ch !			MEDICAL STA		2	22 DATE	SIGNED
1	13	PATK	1CIA	/1	RDM				AVEN BLVD	212	18		
2	23a E	URIAL, CREMATION	REMOVAL				EMETERY OR CREMATO		236 LOCATION		COU	NTY	STATE
	_	Burial		10/9/	84	Mt. N	ebo Ch. C).,	Va.	
13	24 FI	JNERAL DIRECTOR		- /	ADD	PF 55			REC'D. BY REGISTRAL	0			
		With C Ma	irch	F/H 1	TOI E	. North	Ave.	NCT	A 100A	Ausia.	David	man-A	andell

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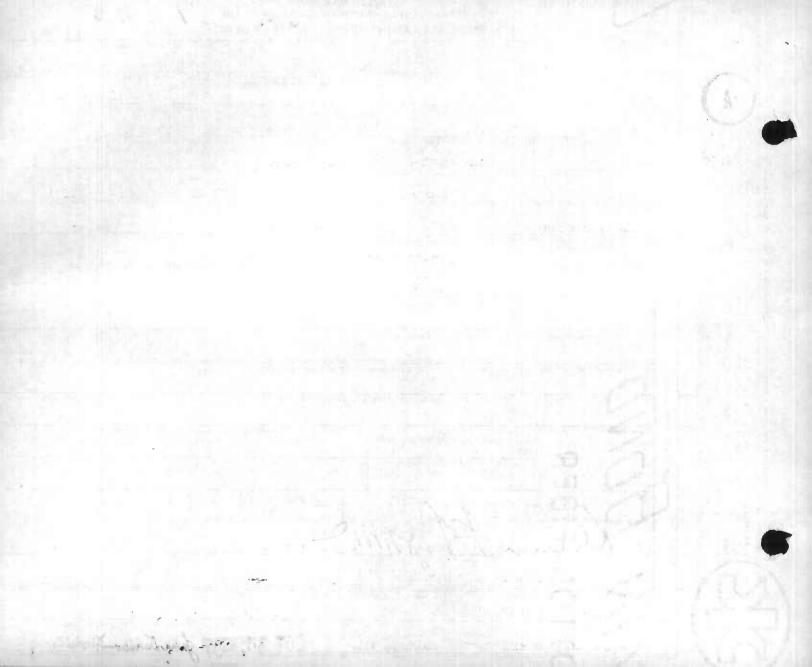
STATE OF MARYLAND



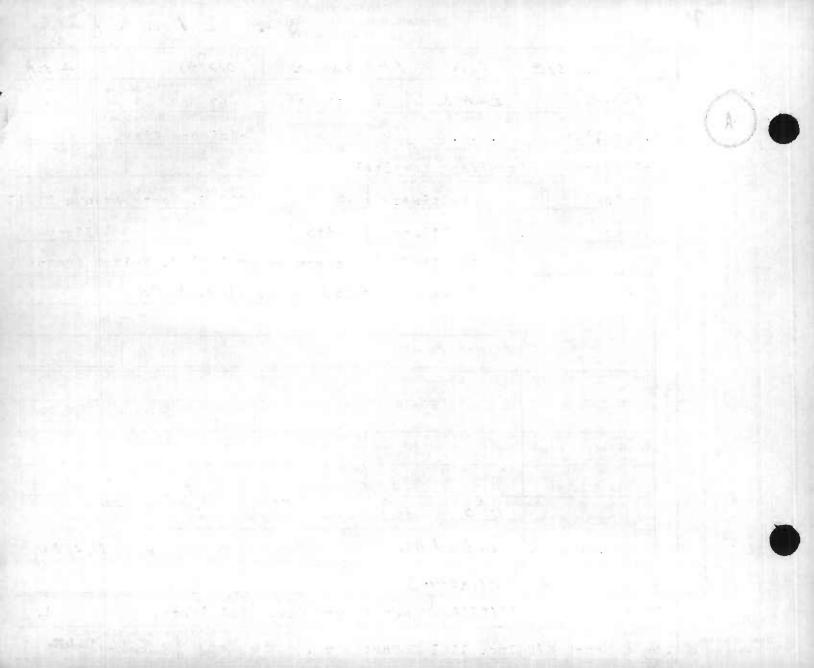
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3 SE	X	4 RA	David	S. DATE OF		6	AGE (IN Y	EARS IF UN	rtin NDER 1 YR.	IF UNDER		2c. DATE	E	MONTH	0-20 1984 DAY YEA	R 24 HOUR
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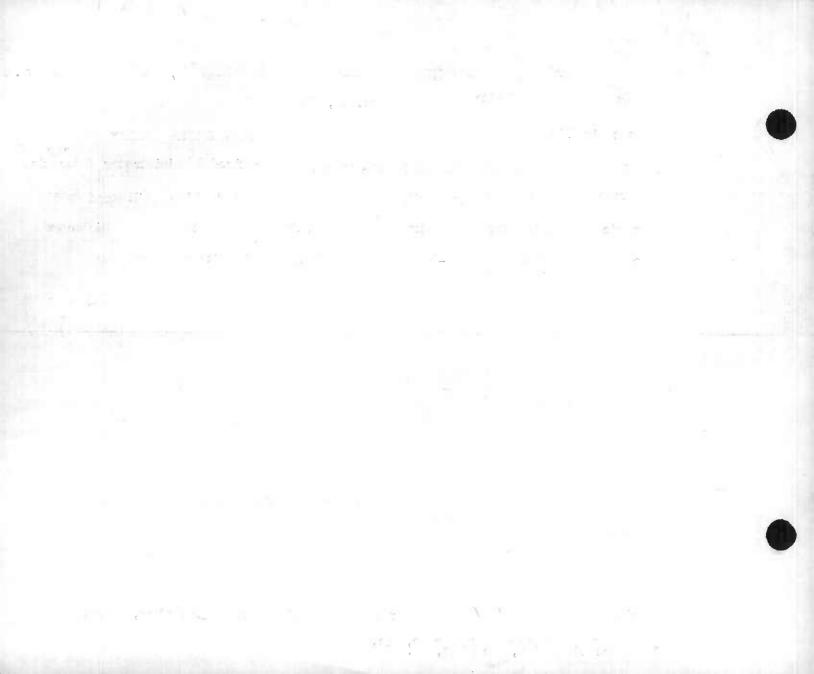
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	EGISTRAR				CERTIF	FICATE OF DEATH	RF	G. NO.		
1. DECEA	ASED NAME	FIRST	^	AIDDLE		LAST	20. DATE OF DEA		DAY YEAR	26 HOUR
(TIPE OR)	PRINT)	RAY		COOLIDO	E P	ATTON	OCTOBER	7.	1984	4:35au
3. SEX	Male		4. RACE White		5. DATE (be. 29, 1925	6. AGE (IN YEARS LA		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	PLACE ISTATE OR F		76. CITIZEN OF V	WHAT COUNTRY?	0	D MEVER MARRIED	70 70	TY OR COL		MD
O. CITY	OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET HOPKIN	IG HOME (OR OTHER INSTITUTION	120. USUAL OCCL	JPATION		Progred of
13a. ST 1	Maryland					13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌		ess / zip (CODE Mill Road	20833
	er's NAME Cenzie	Sy	lvester	Patto	n	IS. MOTHER'S MAIDEN N Estelle	Dan Dan	ě	Rich	mond
160 WAS	S DECEASED EVER		MED FORCES? EMPROPRIATES)	236-38 7		Dan Patton	20001	odress nen Ho	ouse Way	
g	Conditions, if any, gove rise to imm ouse (a), statin inderlying couse	which nediote g the	(b)	R AS A CONSEQUE	MRy	EDEMA			SNE	E DAY
NO	ART 2. OTHER SIGN	Ly	MPHO	MA		NOT RELATED TO THE TER	MIN AL DISEASE OR	20b.	IF YES, WERE FINDI	NGS USED
JE I							YES X NO	_ 1	CERTIFYING CAUSES YES [X]	NO [
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22	above, (I) (we) (d	(this haspi	435 MI	7 10/7 19	24 :	SEPT , 19 ond that in (my) (aur) opinia	5 4, ta 7 C	the dote an		that (I) (we) last causes stated
	SIGNATURE COL	D.P	San	ours	M	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	22c. DATE	SIGNED
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24 FUNE	NAME TO RECTOR VI	Wheel	er Fune	ral Home	Inc. 2083	52 25a. D	ATE REC'D. BY REGIS		EGISTRAR'S SIGNAT	

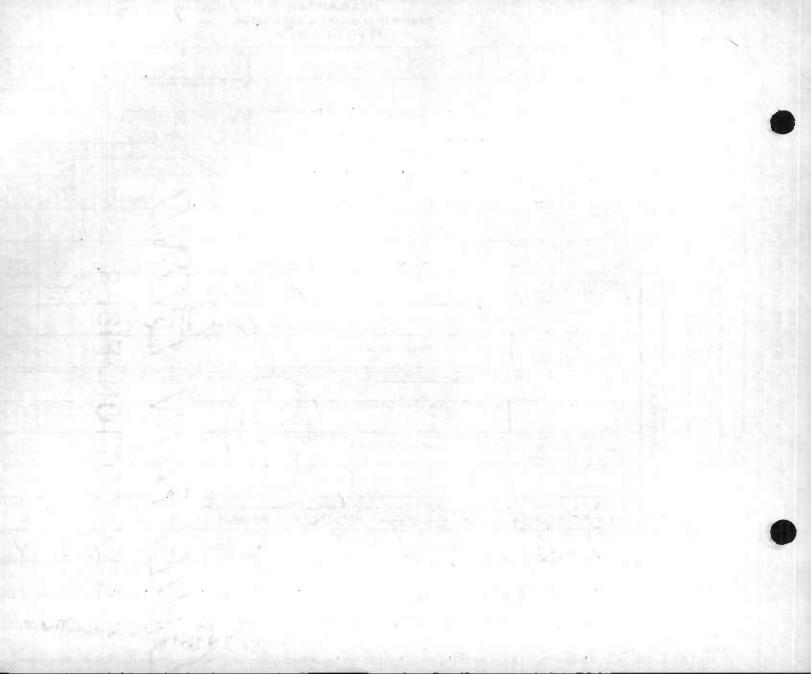
DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Hegith IMPORTANT: If them 21 is mor



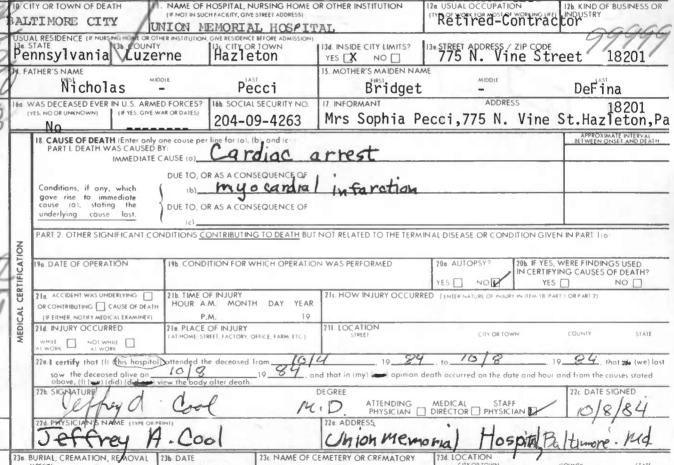
1	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. No		AT ROOM TO WE	
9		CEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY Y	EAR 26. HOUR	
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may be page.	3. SE			4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	LYEAR IF UNDER 24 HRS	
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ton ton		arvland	U.S.A.		WIDOWE	D NEVER MARRIED U	Baltimore	City	MD.		
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- F - C		Baltimore			Ann St		o. Md. 21231	Packing H		ood	
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3 0	16a \	VAS DECEASED EVER I		MED FORCES?	16b SOCIALS		17. INFORMANT	ADDRE			
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mit. been any in	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE I	FINDINGS USED AUSES OF DEATH?	
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DIVISION OF VITAL NG PHYSICIAN: The offending physician that this certificate has the burial-transit put and Mental Hygier than Mental Hygier arked or frem 18 show	Ü	210. ACCIDENT WAS UNDE	- Los			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PA	ART 2)	
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~ C ~ C C C C		226. SIGNATURE	1			10	PEOWEE	518177		DATE SIGNED	
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Of Ship Market	230	BURIAL CREMATION .				30 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE	
	1	Burial		10/31	/84	St. Stan	islaus Cemete	Baltimo	rev. Marrila	2001	
DHMH-16 60M 1/73	24 F	UNERAL DIRECTOR			ADDRESS		25a. DAT	E REC'D BY REGISTRAR	716 days wanted	阿利尔州 斯里	
(VR A 15 (4))	G	eorge A. Web	er &	Sons I			St. 21231	1 4 9 1904	U		



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IMPORTANT:

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RACE		5. DATE O	FBIRTH		& AGE	IN YEARS LAST	BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS		
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DHMH - 16 50M 4/83 (VRA 15, 4)

(SPEC# 10-11-84 Burial

FOR L - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Male To. BIRTHPLACE (STATE OR FOREIGN

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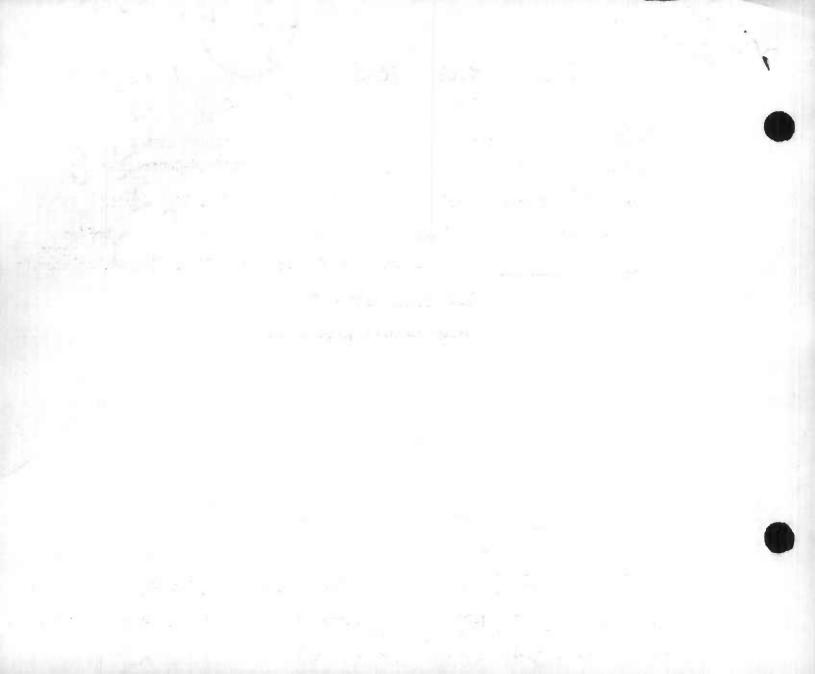
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Calvary Cemetery

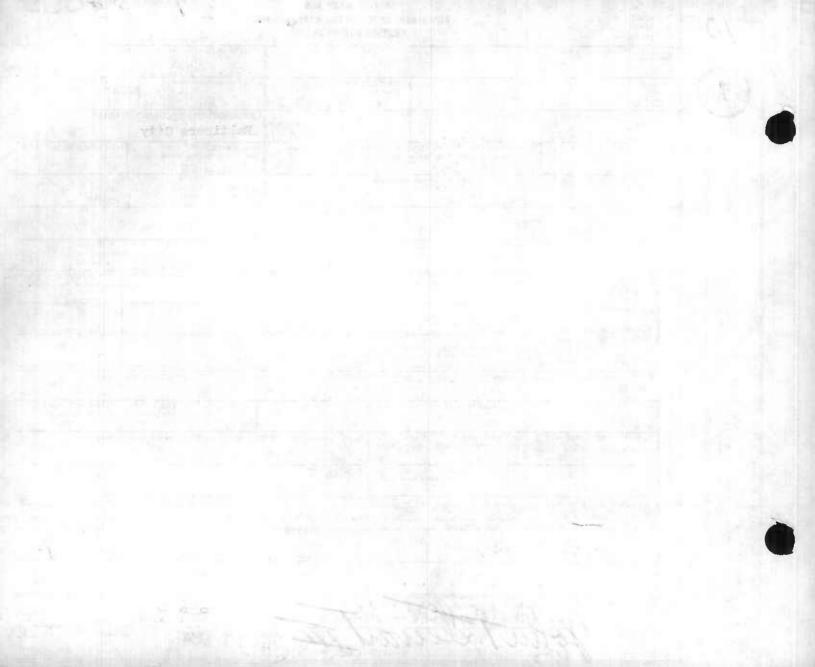
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Randallstown, Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DHMH - 16 50M 4/83

(VRA 15, 4)

FOR

REGISTRAR

1 - STATE

13e STREET ADDRESS / ZIP CODE 501 W Franklin LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1162 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO DA YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN EC. 140 COUNTY STATE Removal 10/15/84 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS Anatomy Board Balto., Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIPNE

CERTIFICATE OF DEATH

REG. NO

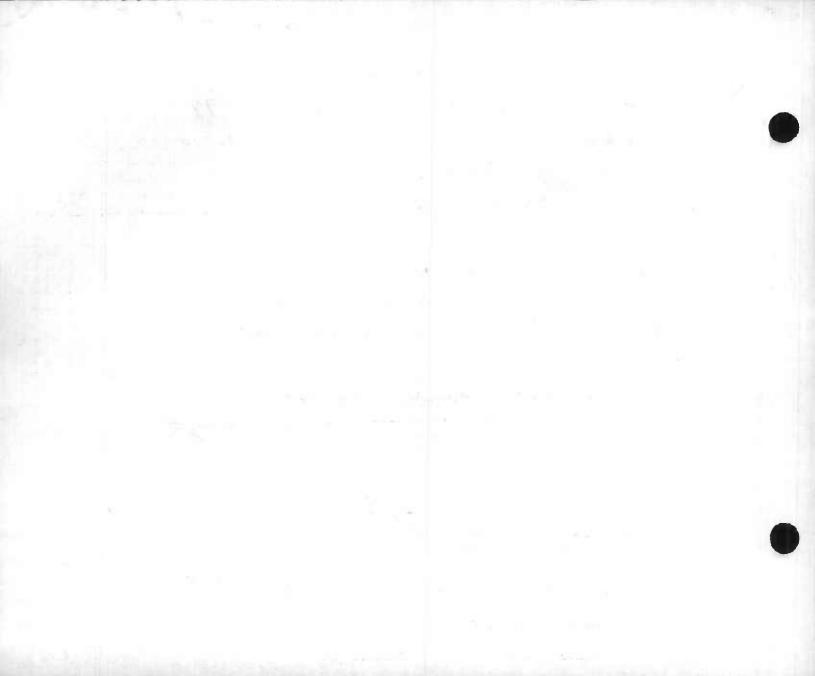
2b. HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

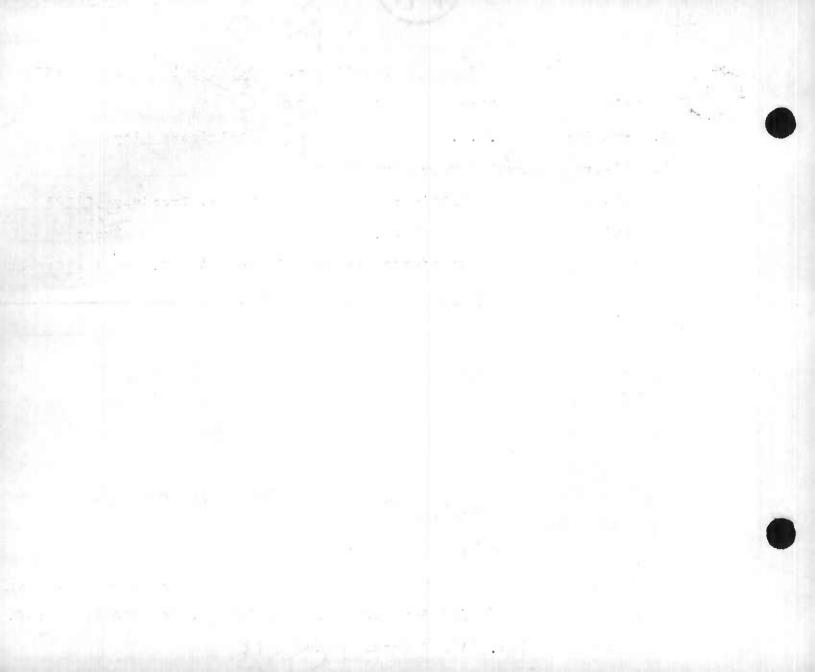
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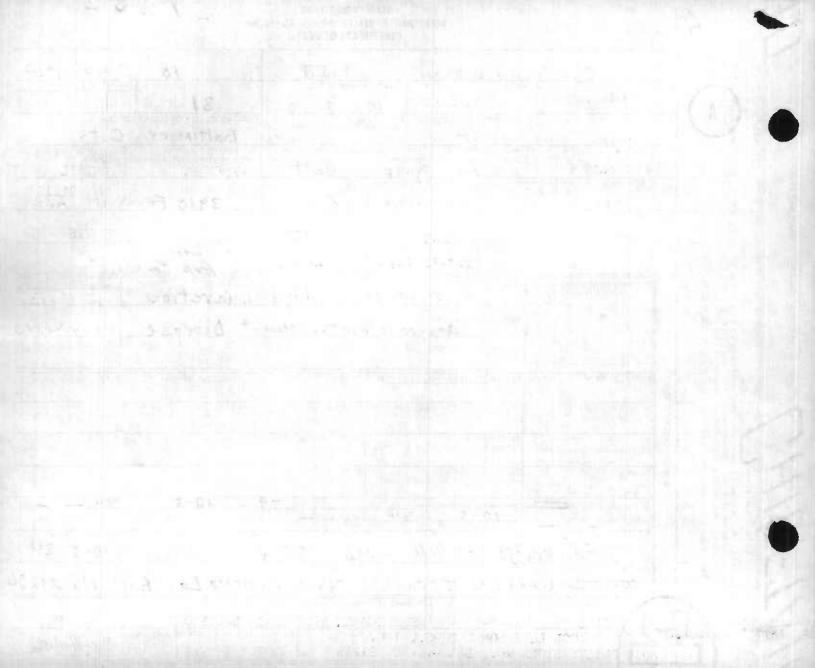
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(VRA 15, 4)

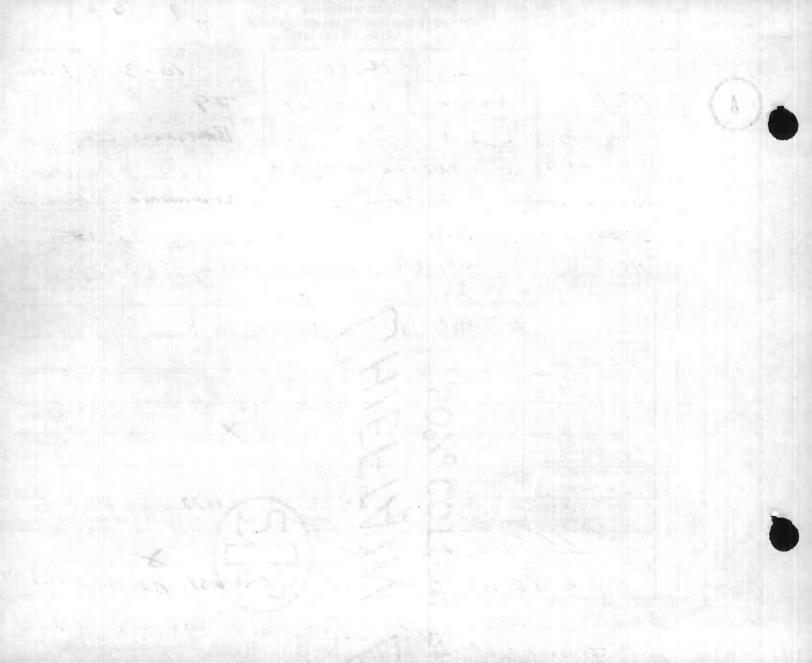
STATE OF MARYLAND



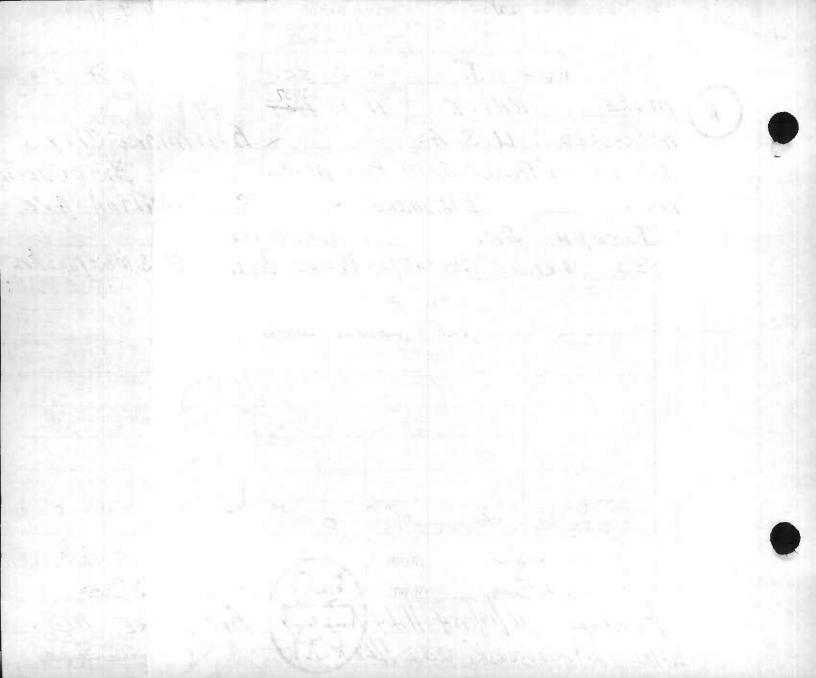




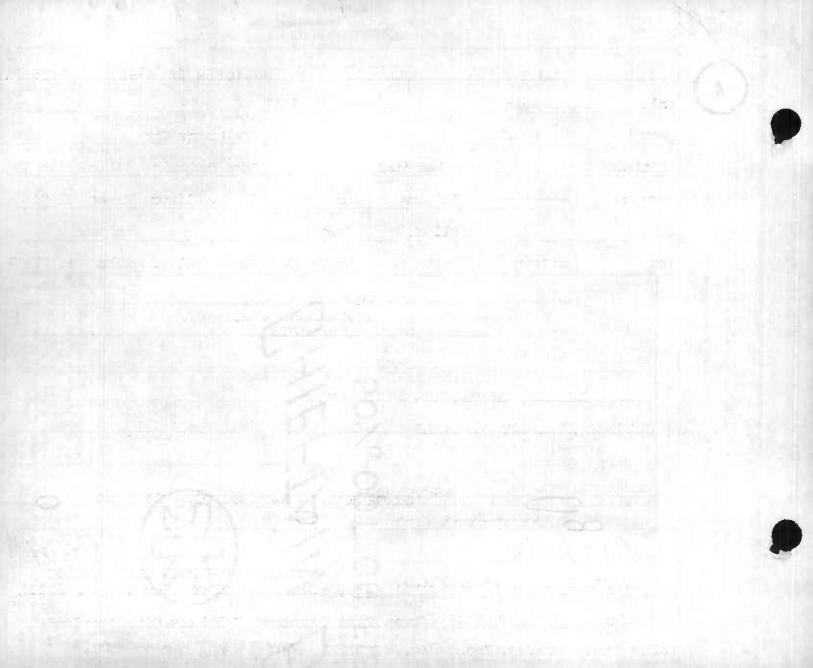
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1	11.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR	26 HOUR
		Geor	se L.	PLITT		0-3-84	/108 A
1	3. SE	Male	CAUCASIAN	5. DATE OF BIRTH MONTH 12/23/04	6 AGE IN YEARS LAST BIRTH	MONTHS DAYS	R IF UNDER 24 HRS. HOURS MIN.
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IMPORTAN		MIT half	1-1115	mn 3colsing	lanner ST.	BATIN	mi
₹-	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23-1	NAME OF CEMELERY OR CREMATORY	23d LOCATION	COUNTY	STATE
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1		- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR
9 7 #		Albert J. PODLES SR. 10 15 84 10 A
ge 4 moy	3. SE	1. RACE S. DATE OF BIRTH 1937 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HOURS MONTHS DATS HOURS M
deoth. Po	70. B	SIRTHPLACE (STATE OR FOREIGN 1/2 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY OF DEATH COUNTRY) OARTIAND U.S. A. WIDOWED DIVORCED A DALTIMORE CITY
Softer C	100	THE OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OF WORKING LIFE HOUSTRY
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eoth certificate tending physici e corbonpapel on, or removal. umatic event, th		APPROXIMATE INTERVAL RETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC APPEST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) KILLIP 4 MYCCARDIAL MARCTON
ires that the de gned by the att in please remove burial, crematic ry, or ather trait		gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
he low requience. on. hos been significant. The ene prior to lows ony injur	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH: YES NO YES NO NO
SICIAN: Ti ng physici certificate riol-transii entol Hygi		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF BITHER HOTIFY MEDICAL EXAMINER) P.M. 19
DING PHYS or ottending After this c e os the bur olth ond Me	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STAT
Spirol CTOR: for us of He		220. I certify that (1) (this haspital) attended the deceased from 19/14 19 84 , to 19/15 19/15 19/15 that (1) (we) sow the deceased alive an 19/15 19/15 and that in (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
Dep The He		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 16/15/84
TO HOSPITAL retained by th TO FUNERAL should be detr with the State IMPORTANT:		22d PHYSICIAN'S NAME TO THE PRANCE SCOTT Key Medical CONTER
BP		BURIAL 10/19/1984 HOLY NOSARY DALTIMORF OUNTY MORE
DHMH - 16 50M 4/83 (VRA 15, 4)	Pa	MIND L. KACZOROWCK, 2325/IEET J. OCT 1 8 1984 J. Milionarion A.

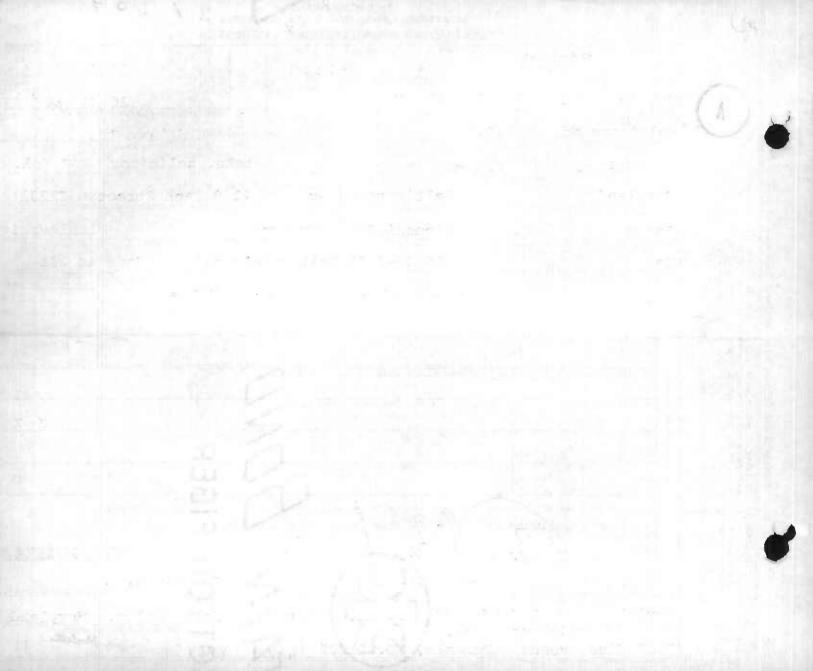


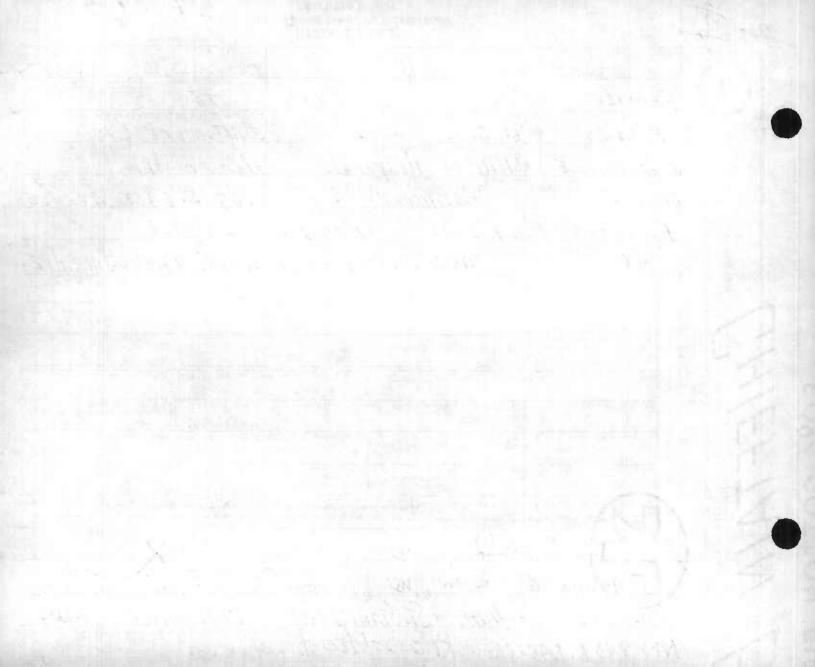
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3.3	SEX \		RACE	5. DATE OF		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	
77	BIRTHPLACE COUNTY)	C	CITIZEN OF WHAT COUNTRY	MARRIED	DIVORCED [BALTIMORE CITY C	CITY	MD.
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	226 SIGN	IATURE		D	EGREE ATTENDING PHYSICIAN	MEDICAL STA	FF SF	. DATE SIGNED
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Odw 733	BURIAL, CH	MATION, REMOVAL	23b. DATE 23	ACUN.	METERY OR CREMATORY	4 23d LOCATION CHARLES	elle count	The male
24	FUNERAL DI				VI 27 D	ATE REC'D. BY REGISTRAR	Inc. DECLETE LOIG C	ICA LA TURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE KNOWN 2b HOUR MONIH Elizabeth (TYPE OR PRINT) ESTI-DEATH MATED Betty Polomski 27 10 6 AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR 24 DATE LAST BIRTHDAYL PRONOUNCED white 42 YRS Female 11 41 DEAD 76 CITIZEN OF WHAT COUNTRY? Le HINTHPLACE CLASS OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore Md. U.S.A. WIDOWED | DIVORCED Baltimore City, 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS tele. solicitor C&P Tel. Baltimore 2109 Bank Street JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore | 13d. INSIDE (ITY LIMITS? | 13e. STREET ADDRESS | No | 2109 Bank Street 136 COUNTY Maryland II FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Polomski, Sr. Wisniewski James L. Frances 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 218-36-4851 Walter Polomski as 13e No Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO X 219 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 216. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK AT WORK 22e I certify that I took charge of the remains described above, held an Mapsy Inspection Undetermined manner death resulted from Homicide TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH. BALTIMORE. M Deputy Chiaforal Examiner 10/28/84 SIGNATURE. EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 230 SURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 10/31/84 Sacred Ht.Of Jesus Dundalk Balto., Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 7922 Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND





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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page at the haspital or attending obysicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directe should be detached far use as the burial-transit permit. Then please remove corbon popers. Pages I, and 2 should be filed within 72 hours after the State Dept of Health and Mental Hygiene priar to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked at Hem 18 shows ony injury, or other traumatic event, the medical exeminer must be natified of once.
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	STATE OF MARYLAND	2
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	giest
	CERTIFICATE OF DEATH	

1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	ÎENE REG. NO				
	CEASED NAME FIRST		MIDDLE	l	AST		MONTH	DAY YEAR	26 HOUR P	
(TYPE	ORPRINT) Beula	ah			POWELL	October	1. 19	984	12:21 M	
3. SE		4 RACE		5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
	Female	Black	~	MONTH 2	13-06 YEAR	78	YRS.	MONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OR FORFIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY O		Y OF DEATH		
	MD.	USA		WIDOWE	D NEVER MARRIED DIVORCED	Baltimon	e Ci	tu	MD.	
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Gene:					OR OTHER INSTITUTION	170. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
13a. S	AL RESIDENCE (# NURSING HOME STATE 136. CO		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Balto.		YES A NO			Ave. 2	1225	
14. FA	THER'S NAME FIRST	WIDDIE	.Chase		15. MOTHER'S MAIDEN NAME FIRST	WIDDIE	A	dams	ST	
	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECU		Viola Flet	cher 2419		non Av	e. (25)	
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	XX		nsufi	Ficiency; Sync		DITION G	IVEN IN PART 1	10	
ON	Thoracic ar	nd abdomi	nal aorti	c, ar	wurysms; Thro	mbocytopeni	a wi	th anem	ia.	
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE 'ES [7]		
EDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	DF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	31.31			NO []	
MEDI	21d INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE FARM ETC.) 11 LOCATION STREET CITY OR 1:						COUNTY	STATE	
	226. I certify that Mr (this ho saw the deceased alive above, M (we) (did) (Mrd 22b. SIGNATURE	on Octob	er 1 19 19 19 19 19 19 19 19 19 19 19 19 1	84	nd that in (mg) (our) opinion of DEGREE	, toOctob death accurred on the do	er 1 ate and ho	ur and from the	that A (we) last causes stated SIGNED	
	In di	Hanry	m.D.		ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	IAN U	10/	1/84	
	27d PHYSICIAN'S NAME (179) TOM Gane				c/o Maryla	and General	Hosp	oital		
	BURIAL, CREMATION, REMOV Burial	AL 236 DATE 10-6	0.		S Mem. Pk.	23d LOCATION CITY OF TOWN	110	COUNTY	STATE	

BP. DHMH - 16 50M 4/B3

(VRA 15, 4)

Arbutus Mem.

STATE

24 FUNERAL DIRECTOR
Chas. A. Rice FSPA 1300 Eutaw Pl.

10-6-84

Pk. Arbutus MD.

1250. DATE REC'D. BY REGISTRAR 250. REGISTBAR'S SIGNATURE

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FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

Walter Dabrowski

DHMH - 16 50M 4/83

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2h HOUR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE LINDER DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore. Maryland 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Police-Officer 13e.STREET ADDRESS / ZIP CODE 7333 Stratton Way 21224 Kennedy ADDRESS 21224 Lois Powell 7333 Stratton Way APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 265. REGISTRAR'S SIGNATURE ilin Davidson-Randell 1005 Dundalk Avenue

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MEDICAL CE	21a. EXTERNAL C UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE	OR CAUSE OF D	P.M. 21e PLACE O	MONTH DAY YEA	R 21f. LO	CATION CATION	CCURRED (ENTE	R NATURE OF INJURY I	N ITEM 18 PART	COUNTY	STATE
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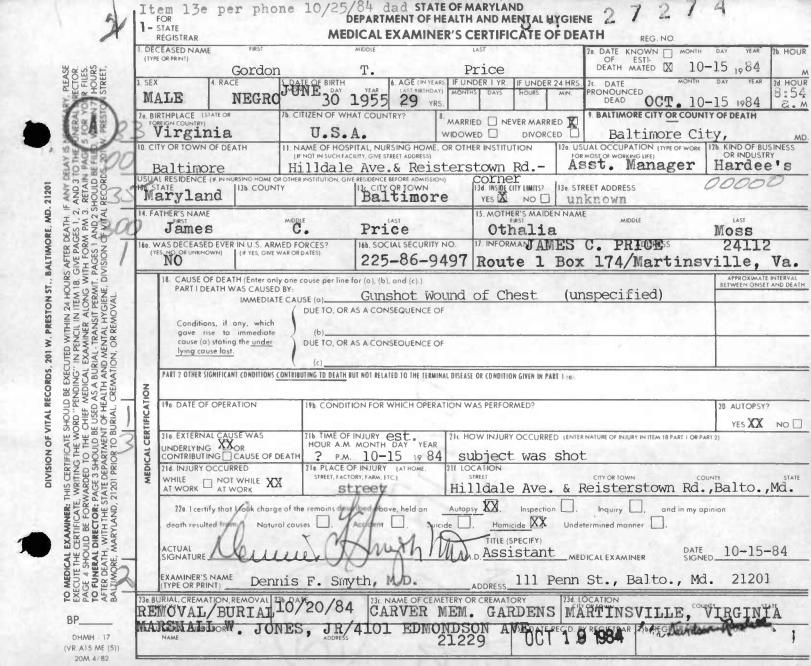
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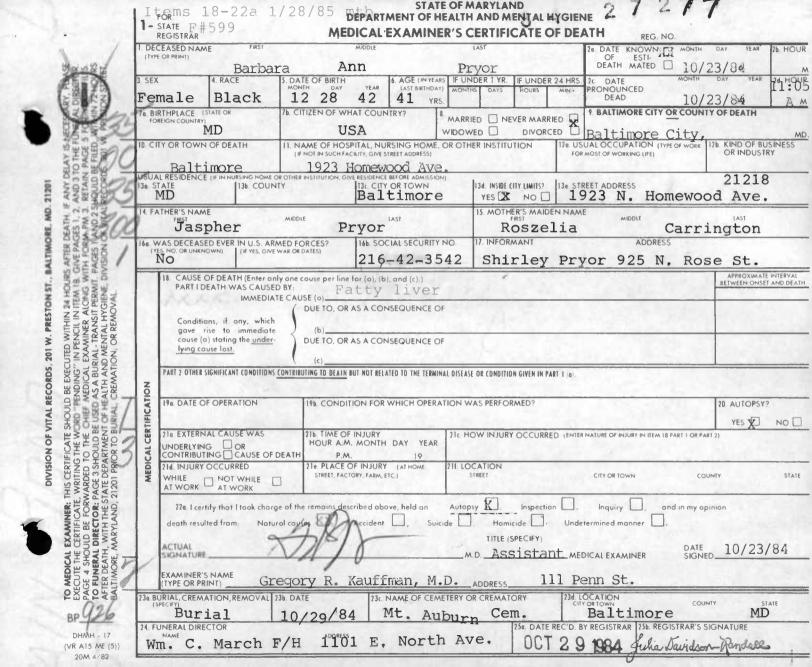
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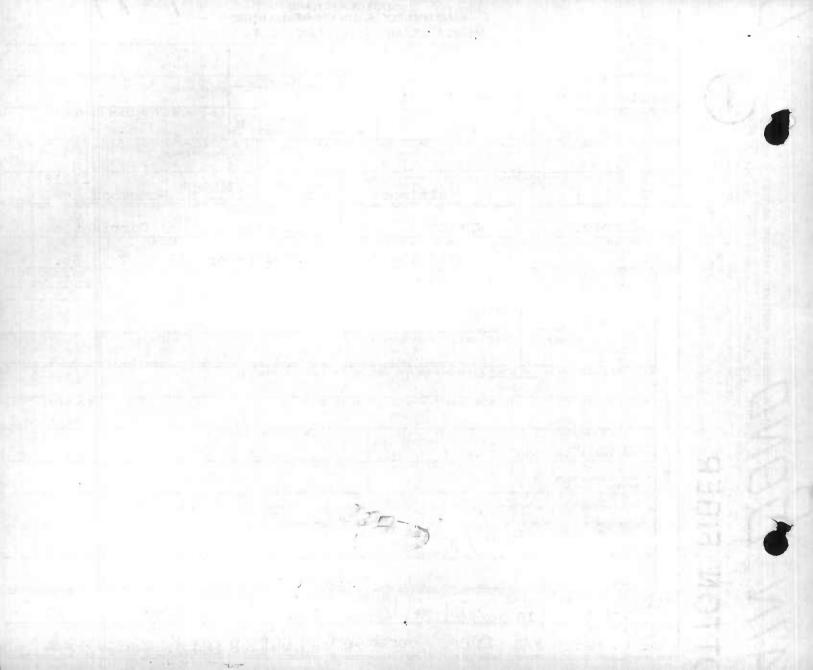


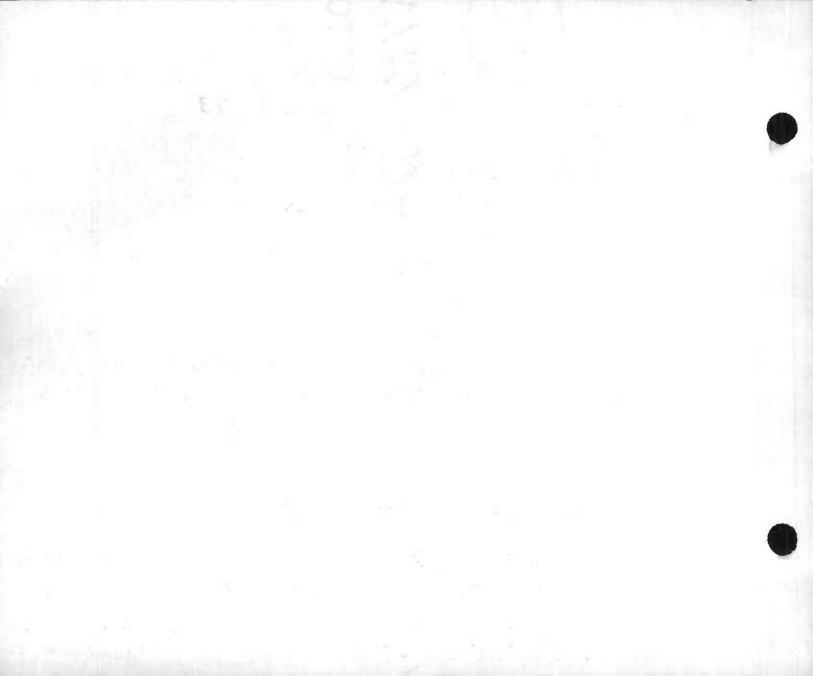
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John C. Miller Inc-6415 Belair Rd.-21205 OCT 23

STATE

I. DECEASED NAME

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH REG NO 20 DATE OF DEATH 2h HOUR 10-21-84 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore (itu 17h KIND OF BUSINESS OR INDUSTRY tured 13e.STREET ADDRESS / ZIP CODE Glermore Ave. -21214 LAST Nelson F. Bell Sr. 9820 Homeland Ave. -21234 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY STATE CITY OR TOWN Octo ker 21 and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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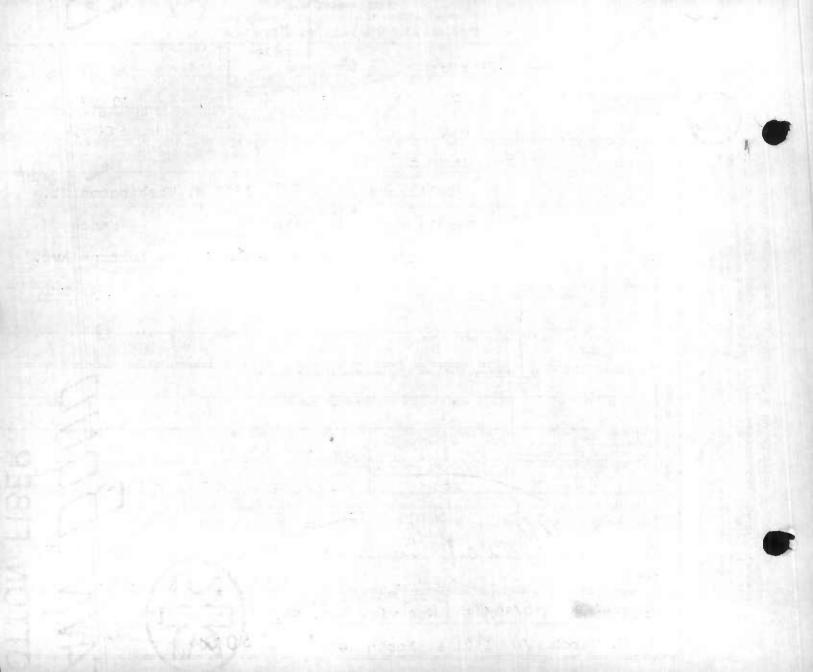
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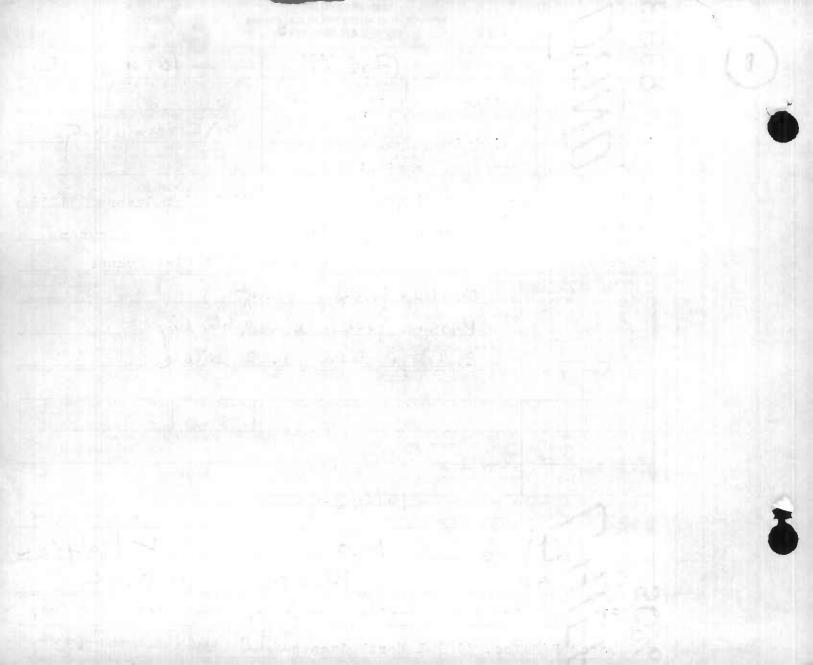
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FOR - STATE

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DHMH - 16 50M 4/B3

(VRA 15, 4)

1. DECEASED NAME

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH 2b. HOUR 0-2 6 AGE TIN YEARS LAST BIRTHDAYS IF UNDER TYEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Saleslady Retired 21206 13e STREET ADDRESS / ZIP CODE 5510 KEN WOOL Courci ADDRESS Carl E. Rauck 5510 Kenwood Ave. 21206 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH erebrorascular Accident 3 wks 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

NOW YES T 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

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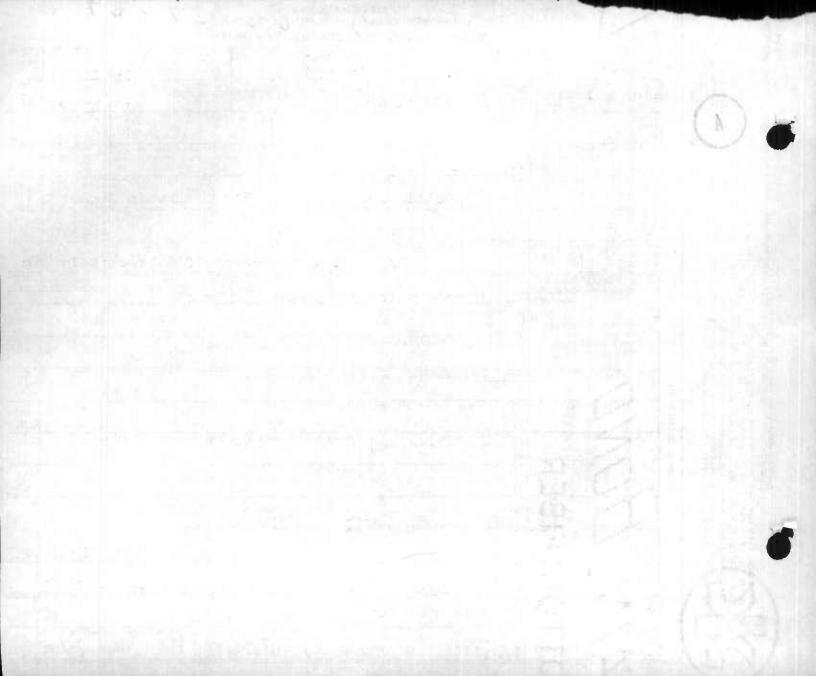
COUNTY 10-24-84 Gardens Of Faith

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

John C. Miller Inc. 6415 Belair Rd.

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STATE OF MARYLAND

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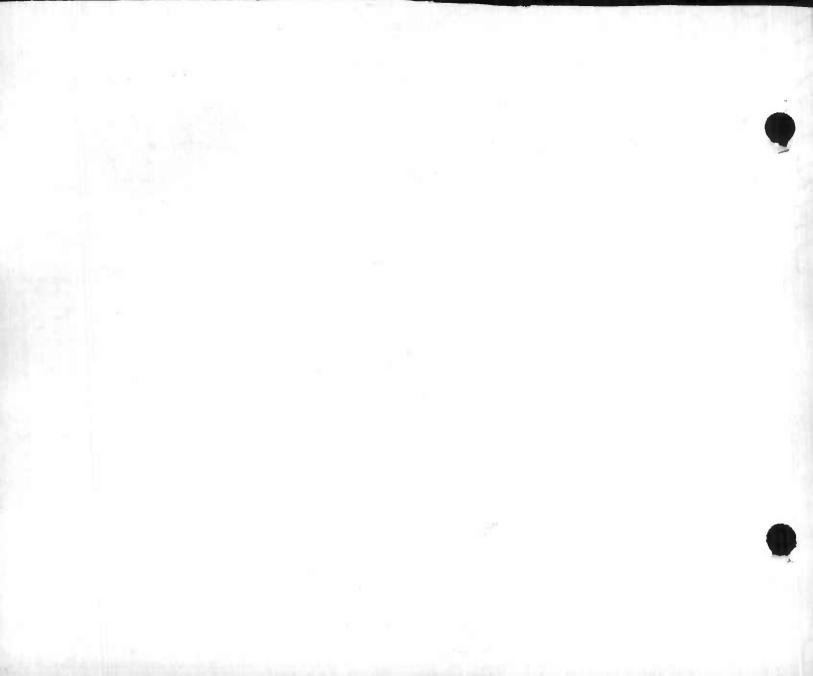
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1	CERTIFICATION	DATE OF OPERATION	170. CONU	HOIN FOR WHICH	OFERATION WAS P	EKFORMED			NG CAUSES	OF DEATH?
N	EST	21a ACCIDENT WAS UNDERLYING			21c HO	W INJURY OCCUR	RED (ENTER NATURE OF INJURY			ИО []
9		OR CONTRIBUTING CAUSE OF DE			Y YEAR					
	MEDICAL	214 INJURY OCCURRED	21e PLACE C	OF INJURY	211 LO	CATION	CITY OR TOWN		COUNTY	STATE
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-		sow the deceosed alive a above, (I) (we) (did) (did n	not view the body	ofter death.	and that in	(my) (our) opinion	death occurred on the date	and hour o	nd from the	couses stoted
- 1		22h. SIGNATURE	1		DEGREE				22c. DATE	SIGNED
		John John	Cain	- ego	MO	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	ND	(0-	8-22
\Box		224. PHYSICIAN'S MAME (TYPE			22e AD	/	.0	20.		
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		SURIAL, CREMATION, REMOVA	1 236. DATE	23c. N	AME OF CEMETERY	OR CREMATORY	23d LOCATION	-	COUNTY	STATE
		Burial	10-	27-84	Church	Cem.	Raleig	h N.	Caro	lina
3	24 FI	JNERAL DIRECTOR		ADDRESS		25a. DA	E REC'D. BY REGISTRAR 25	REGISTRA	R'S SIGNAT	URE
	1	Vm. C. March	F/H 11	01 E. N	orth Ave	e. UU	1 4 1984 /	ulia Dei	Macie	



FOR - STATE

(VRA 15. 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIGNE

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Thompson Funeral Home Middletown, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAKNIYGIENE

CERTIFICATE OF DEATH

REG NO

7h. HOUR

3:43

12h. KIND OF BUSINESS OR

DOTY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

COUNTY

22c DATE SIGNED

10/26/84

4 hours

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY farm owner

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

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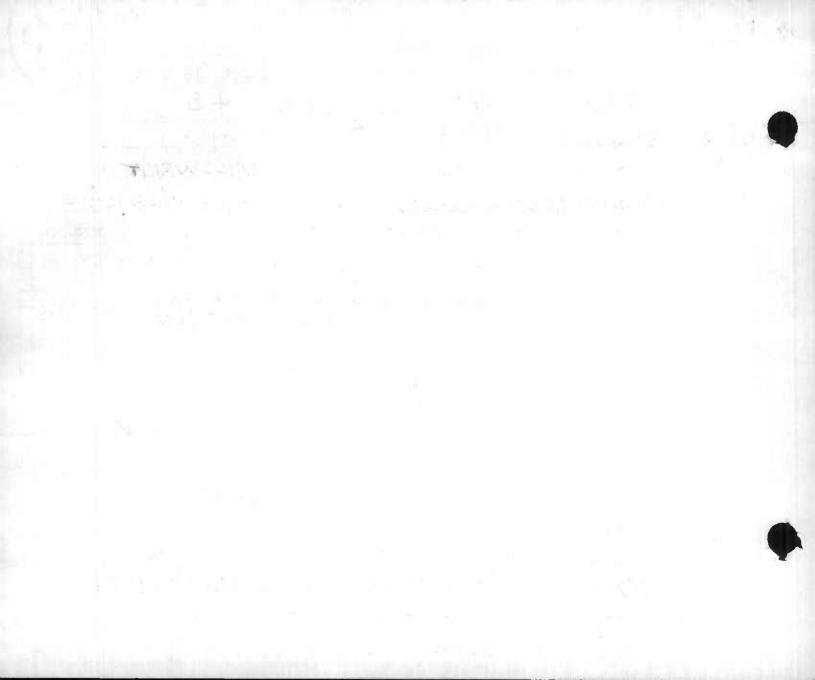
STATE OF MARYLAND OF THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

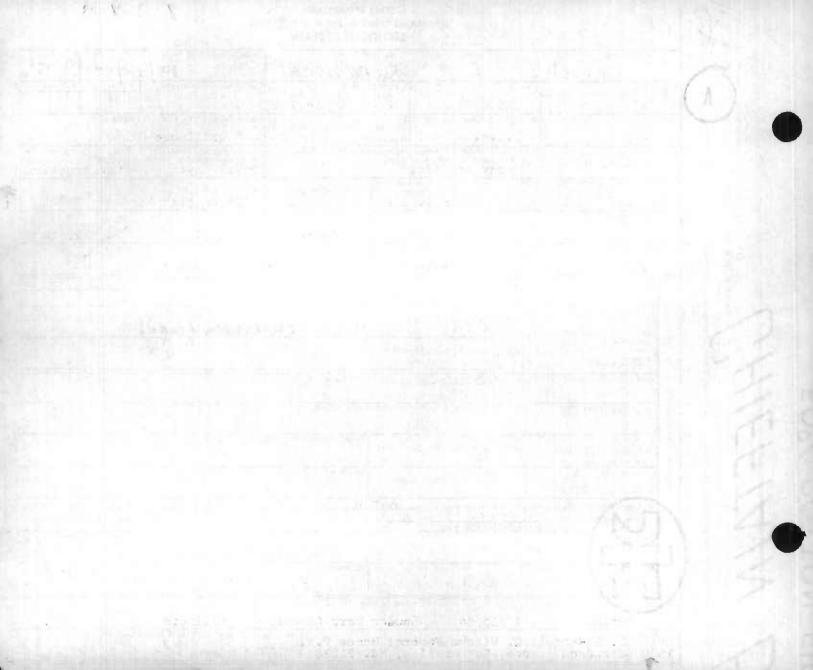
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	- STATE REGISTRAR			CERTIF	ICATE OF DEAT	rh	REC	. NO.			
	ECEASED NAME FRS		DDLE	L	AST	20	DATE OF DEAT		DAY YEAR	26 HOUR	Δ.
			L.	Reynol			Oct. 1			7:3	-
3. SI	MALE	4. RACE WH	HE	A DATE O	9 21 19	36	AGE (IN YEARS LAS	YRS	MONTHS DAYS	HOURS N	MIN.
M	BIRTHPLACE (STATE OR FOREIGN COUNTRY) TENNESSEE	76. CITIZEN OF W	SA	MARRIE WIDOWE		SIED -	Baltimore cit				MD.
	BALTIMORE	(# NOT IN SUCH	WILBU	JR AVE	21205	ION 12	O. USUAL OCCUP TYPE OF WORK FIDE AND	ATION STOFWORKING	IZE KIND (INDUSTRY BET	H. ST	OR EEI
5 130.	MARYLAND		BALT]	NWO	13d. INSIDE CITY L YES NO		STREET ADDRE	SS/ZI/CO	BURA	VE212	05
14. F	ROY	ALLEN	REYN	OLDS	15 MOTHER'S MA	INE	MIDDI L	•	JÓ	HNSON	
160	WAS DECEASED EVER IN U.	ES CIVE WAR OF DATES	10.71	5-4861	ROBERTA	REYN		WIFE)	SAME	ADDRE	SS
	18 CAUSE OF DEATH (En PART I. DEATH WAS C IMMI Conditions, if ony, white gove rise to immedia cause (a), stoting the underlying cause later than the course later than the cause	DUE TO, OR be att.		QUENCE OF	CINONA	PRO L, L	BABLY EFT	CAR- LUNG	MO	MATE INTERVAL ONSET AND DE	ÀTH
CERTIFICATION	PART 2 OTHER SIGNIFIC.				NOT RELATED TO		AL DISEASE OR C	20b. IF Y	ES, WERE FIND	NGS USED	
TIES							YESX NO[_	TIFYING CAUSE	NO [
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.)	OF DEATH HOUR A.M	MONTH	DAY YEAR	21c HOW INJURY	OCCURRED	(ENTER NATURE OF	INJURY IN ITEM I	3 PART I OR PART 2)		
MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STRE	F INJURY E1, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY	RTOWN	COUNTY	STATE	E
	22a.1 certify that (I) (this saw the deceased all above, (J) (we) (did) (c		1		nd that in (my) (our	9) opinion dec	, to th occurred on th	e date and h		that (I) (we)	
	22b. SHAWURE Quin	ce Fur	long	I M	PHYS		MEDICAL DIRECTOR PH	STAFF	22c. DATI	SIGNED	
	MAURICAN'S NAME	EBFU	RLOK	1G JR	27e ADDRESS	+ Jo	- 255PH	Hos	PITAL	_	
230	BURIAL CREMATION, REMO	23b. DATE 10/22		GARDE	EMETERY OR CREA	AATORY AITH	BALTI	MORE	COUNTY	MD. STATE	E
24	FUNERASCHIMUNE 3331 Bre	K FUNERAL	HOMI Ball	E, INC		250 DATE R	1 9 198			TURE - Pandale	2

DHMH - 16 50M 4/83 (VRA 15, 4)

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1	1-	FOR STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTACHYG FICATE OF DEATH	TENE 2 7	2.	9 6	
0		CEASED NAME FIRST	MIDDLE	100	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
\$ 00 pp		[D/			IDER	10/22/84		Da II	٨
	3. SE)	emale	Caus.		06-93	6. AGE (IN YEARS LAST BIRT			OURS MIN.
A 125		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	8. MARRIE WIDOW	ED DIEVER MARRIED DIVORCED	9. BALTIMORE CITY OF			MD
notified 0		TY OR TOWN OF DEATH Balto.	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE (IF U. C) (IF NOT IN SUCH FACILITY, GIVE STREE	TADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON F WORKING LIFE)	12b. KIND OF B INDUSTRY	USINESS OR
must be	USU/ 13e. S	AL RESIDENCE (IF NURSING MOME OR). 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130 BITY PRTS	RE ADMISSION) WN	13d. INSIDE CITY LIMITS?	13851 PET WORES	ers La	2123	0
of exomine	14. FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
medical		VAS DECEASED EVER IN U.S. AR. (ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC		17. INFORMANT Bernard Wa	ADDRE		wn Ci	tv. 0
any injury, ar ather traumatic	CERTIFICATION	gove rise to immediate couse IoI, stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO	<u>DEATH</u> BU		INAL DISEASE OR CONC		IN PART I(o)	SUSED
SMO 7	TIFIC	THE DATE OF OPERATION	THE CONDITION TOR WITH	OFERANC	NA WASTERI ORMED	YES NO		IG CAUSES OF	
Mental Hygi		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	OAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART	1 OR PART 2)	
marked ar	MEDICAL	ZId. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC	21f. LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE
21 is mo		22a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	tall arrended the deceased from19	(A)	and that in (my) (our) opinion	death occurred on the do	te and hour or	-	t >4 (we) lost uses stated
		22b. SIGNATURE	VV	-3	DEGREE ATTENDING	MEDICAL STAF		10/22	
JT. H hem			NA		PHYSICIAN	DIRECTOR PHYSIC		10/29	109
With the State Dept.		22d. PHYSICIAN'S NAME (TYPE O	DR PRINT		PHYSICIAN A	DIRECTOR PHYSIC			oy

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

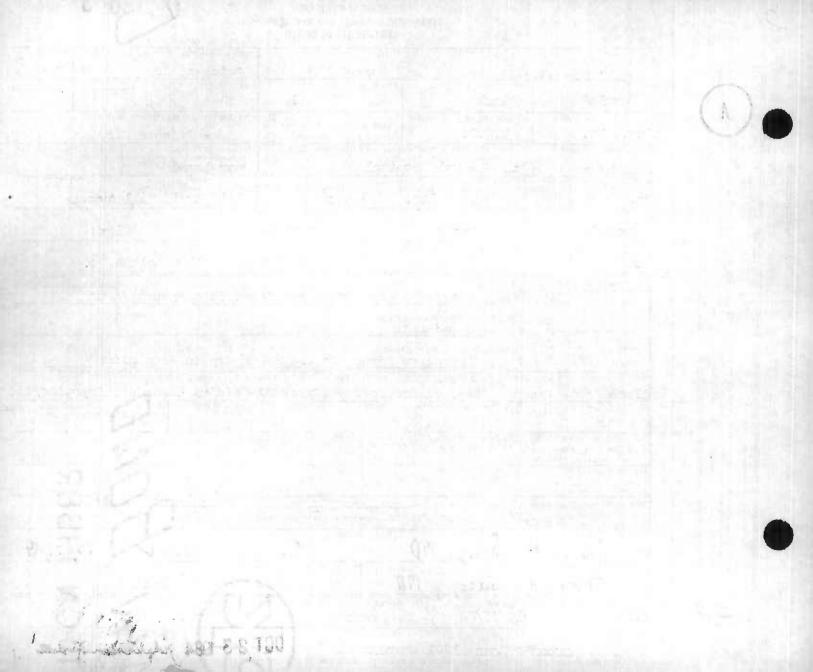
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PRESTON ST.

DIVISION OF VITAL RECORDS.



DHMH - 16 50M 4/83

(VRA 15, 4)

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ATE OF MARYLAND
F HEALTH AND MENTACHYGIENE

Guest .

	- S R	EGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	DECE/ TYPE OR	ASED NAME	Lillia		M.	RO	BERTS	October 3		84	26. HOUR 11:47P
3.	SEX	FEMAL		L RACE WHI	TE	5. DATE C	OAY YEAR	6 AGE IN YEARS LAST BIL	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
9	COU N	HPLACE (STATE)		U.S.	Α.	WIDOWE			e Cit	y	MD.
9	Bal	ortownofe ltimore		(IF NOW IN SU	y Tand	General	DR OTHER INSTITUTION HOSpital	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST O ASSEMBLY	OF WORKING LI	TATED	GLENN L
9 13	la STA	MD.	13b COUN	OTHER INSTITUTION TY	13c. CITY OF	E BEFORE ADMISSION) R TOWN TIMORE	13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA				E. 21213
		HARRY S DECEASED EV	L LIN	ADDE CORCES	BRY		FIRST HATTI	E	RESLASIBITHDAY) WAS LASIBITHDAY) YRS ECITY OR COUNTY IN IMPORE CITY CCUPATION FOR MOST OF WORKING LIFE DORESS / ZIP CODE SHANNON MIDDLE ADDRESS JSIN) 851 (1984) OR CONDITION GIVE A deficits. PSY? ZOB. IF YES, IN CERTIFY YES URF OF INJURY IN ITEM 18 PA CITY OR TOWN STAFF on the date and hour	ADAM	
100		, NO ORUNKNOWN)		WAR OR DATES)		22-2468	GORDON GRA			ll Har	21234 ris Ave
	1	Conditions, if o gove rise to i couse (a), sta	immediate oting the	DUE TO, O	Statu	SEQUENCE OF SEQUENCE OF	y o cardial Inf	arction ((1984)		
ATION	P.	gove rise to couse (o), sto underlying cou	immediate of the use lost	ONDITIONS CO Demic a	Statu	s post M SEQUENCE OF G TO DEATH BUT with int	NOT RELATED TO THE TERM ermittent lef	NINAL DISEASE OR CON	NDITION GIVE	VEN IN PART 16	NGS USED
AI CEPTIFICATION	P. 190	gove rise to couse (o), sto underlying coil ART 2. OTHER SI Transie DATE OF OPEI ACCIDENT WAS: OR CONTRIBUTING	immediate the distribute lost IGNIFICANT C	ONDITIONS COME TO A CONDITIONS CO	Status OR AS A CONS ONTRIBUTING ttack INTION FOR W DE INJURY .M. MONTH	S POST M SEQUENCE OF G TO DEATH BUT WITH INT WHICH OPERATIO H DAY YEAR	NOT RELATED TO THE TERM ermittent lef	NINAL DISEASE OR CON t sided des 200 AUTOPSY? YES \(\text{ NO \(\frac{1}{2} \)}	Ficits 20b. IF YE IN CERTI	VEN IN PART 116 S, WERE FINDIN IFYING CAUSES ES	NGS USED
MEDICAL CENTERCATION	Pi P	gove rise to couse (o), ste underlying courderlying courderlying court and the court a	immediate ating the use lost IGNIFICANT C IT ISC! RATION UNDERLYING CAUSE OF DEA' LEDICAL EXAMINER;	ONDITIONS COMMENT OF THE COMMENT OF	Status OR AS A CONS ONTRIBUTING TTOM FOR W OF INJURY OF INJURY OF INJURY	S POST M SEQUENCE OF G TO DEATH BUT WITH INT WHICH OPERATIO H DAY YEAR 19 DEFICE FARM ETC.)	NOT RELATED TO THE TERM ermittent lef N WAS PERFORMED 21t HOW INJURY OCCURI 21t LOCATION STREET	AINAL DISEASE OR CONTENT SIDE OF THE SIDE	POITION GIVE FIGURE STATE OF THE POINT OF TH	VEN IN PART IN S, WERE FINDIN IFYING CAUSES ES PART I ORPART 2) COUNTY	NGS USED OF DEATH?
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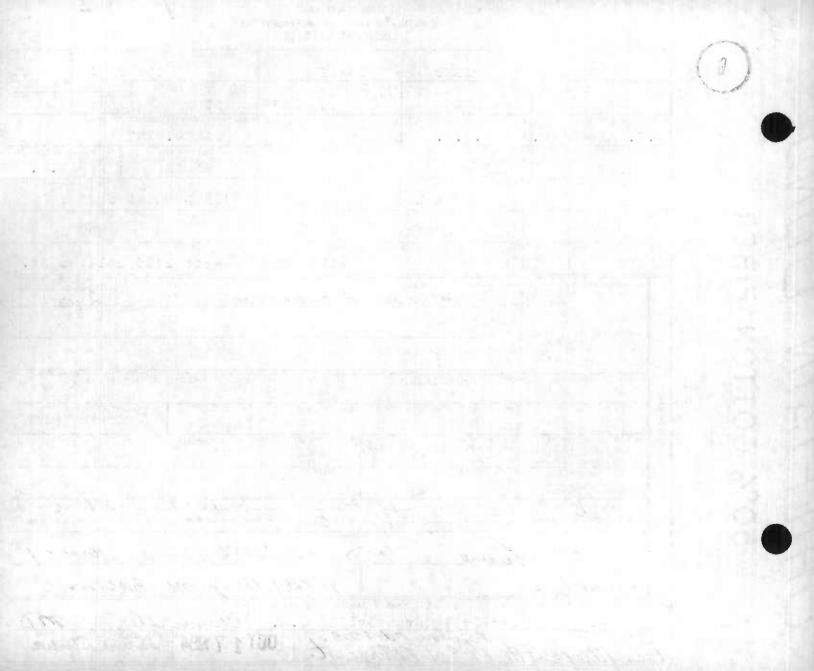
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH

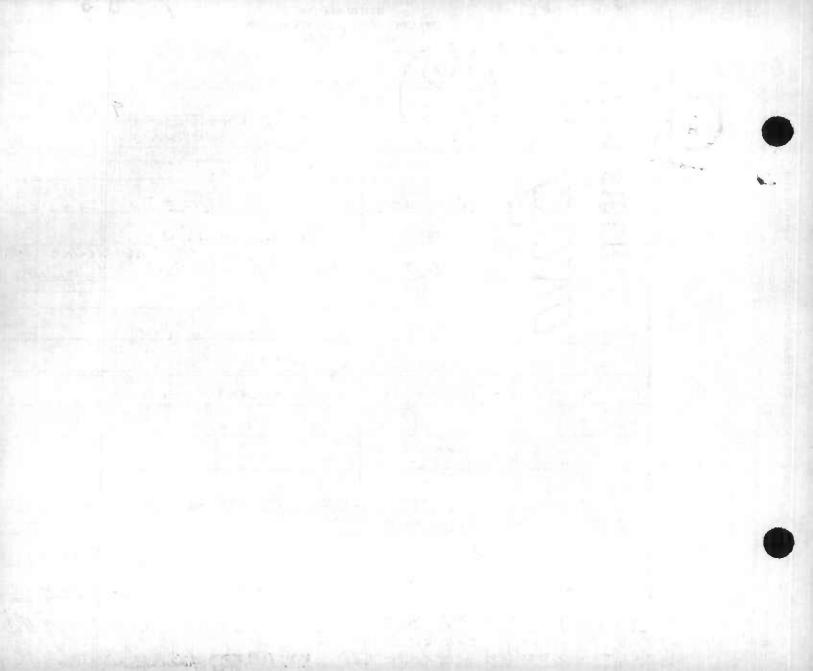
FOR - STATE REGISTRAR REG NO MONTH 2h HOUR 9 84 10 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YRS BALTIMORE CITY OR COUNTY OF DEATH BALTO.CITY 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY A.P. 2125 HOLLINS STREET MOORE ADDRESS Willie Mae Roberts 2125 Hollins APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR



	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAPHYG CERTIFICATE OF DEATH	TENE REG. NO.	9
desah desah	(TYPE	CASED NAME FIRST A LIST		ROBINSON	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 12:25
1	1 SE	FEMALE	(RACE	5. DATE OF BIRTH MONTH DAY YEAR 01 17 84	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS M
1	2	MARYLAND	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED X	BALTIMORE CITY OR COUNTY	
31		BALTIMONE /	FRANCIS SCOT	- KEY MED. CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS INDUSTRY
35		RESIDENCE (IF NURSING HOME OR TATE 100 COUN MO	other institution, give residence before the country 13c. CITY OR TON ROCKUL		13e STREET ADDRESS 16 MOORE DR ME	. 20850
101		PERRICK	ROBIN	10,4101	U LARRY	LAST
Property 12		(AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES]	= Hann Kah	ison (Mother) R	OCKUILD IN
d by the attending phy ease remove corban pa ol, cremotion, or remos or other troumatic event		Conditions, il ony, which gove rise to immediate couse 101, stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF TO OR AS A CONSEQUENCE OF THE CONSEQUEN	JENCE OF E BRONCHO PULMON		
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in permitted in the per	CERTIFICATION				YES NO YE	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
16 may 14		21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2]
h ond A	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: A Ifor use of Healt 121 is mo		sow the deceased alive on above, (1) (we) (did) (did no	tal) ottended the deceased from 31 19	CU /	to OCIOBER 31,	19, that (1) (we)
UNERAL DIRE I be detoched be State Dept STANT: If hen		22b. SIGNATURE	whether of		MEDICAL STAFF DIRECTOR PHYSICIAN	10/31/84
MAPOR A		SALVAD	DOR PAPA,		OTT KEY MEDIC	AL CENTER
	23e B	BURIAL	11-7-84 C	NAME OF CEMETERY OR CREMATORY ATE OF HERIUEN	23d LOCATION DITY OF TOWN	G Monta
M 1/76	0	NERAL DIRECTOR SNOW	wden Rocku	NASh. ST. 250 DAT	E REC'D. BY REGISTRAR 256. REGIST	R/R'S SIGNATURE



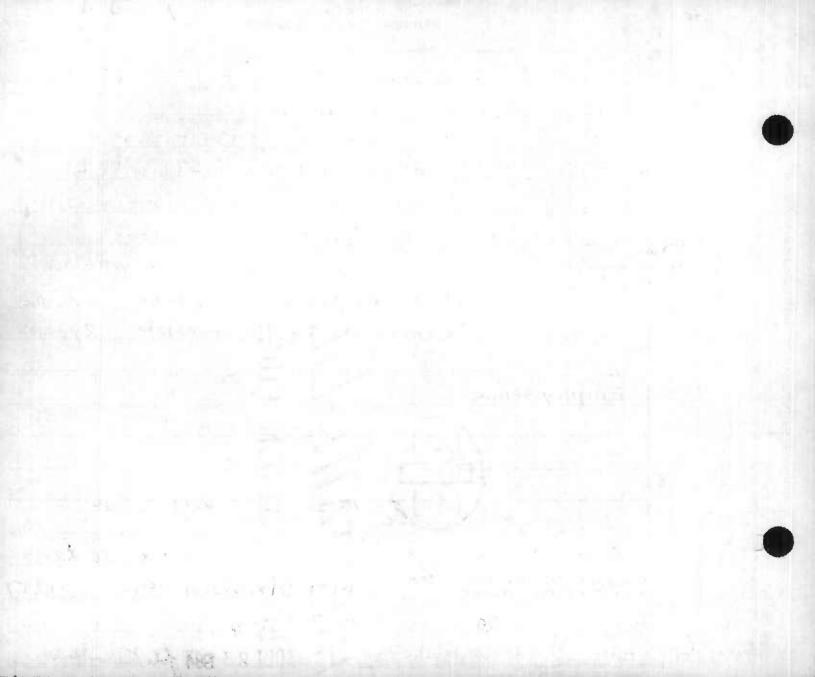
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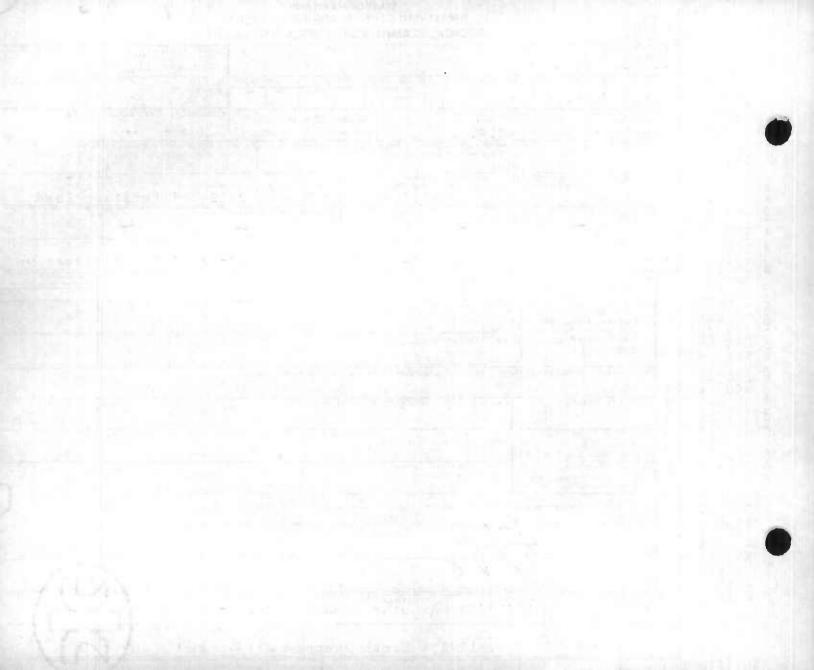
FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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	1-	STATE		DEPARIA	NENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	A LOINTE		Pull 3	
		REGISTRAR					REG. NO.		
m 6		CEASED NAME FIRST		MIDDLE	LAST	2ª DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
page 3		ANNEL	ISE	APPL	ER ROGERS		10	19/84	6:49
	3. SE)	(4 RACE		S. DATE OF BIRTH	6. AGE (IN YEAR	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H HOURS M
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de		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE	CITY OR COUN	NTY OF DEATH	
180	P	COUNTRY		SA	WIDOWED DIVORCED		none Cit	1	
7	10. GI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OC	CUPATION	126 KIND C	F BUSINESS
W .	1.	Ballmore	(IF NOT IN SU	Since		N/A	OR MOST OF WORKIN	INDUSTRY N/A	
I'c	ØSU/	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE					2100
21	13a S		OUNTY	13c. CITY OR TOW			DRESS / ZIP CO		2109
1	1	1 112	altimore	Lutherv	71116 YES NO'TY	8673	ower	bridge	way
盾力	A FA	THER'S NAME FIRST	WIDDLE	LAST	FIRST		MIDDLE	LAS	i U
120		Steven	David	Roge		es T	eresa	App	65
2 medico		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES	166 SOCIAL SECU	JRITY NO. 17 INFORMANT		ADDRESS		
7 medico		No	S. OITE WAR OR DATES	N/A	Dr. Ste	ven Rogers	Same	as # 13	
- 2			er only one couse ne	r line for (a) (b) on					MATE INTERVAL
corbon poperi 1, or remaval. natic event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA		C	1.	1			MIA
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000		BEDTLE OF BUILDING	DUE TO, C	R AS A CONSEQUE				0	
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emation, or restrained to		Conditions, if any, which gove rise to immediate cause (a), stating the	h (b)_	Persisk	ent \$10 Circo	lados		9	days
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	1-	STATE REGISTRAR		DEF	CERTIF	ICATE OF DEATH	REG. N	0.	1 1	
		OR PRINT)	FIRST	MIDDLE	Rogi	ERS	20 DATE OF DEATH		7-84	9 ZPP
	3. SEX	M	4 RACE	NZ	S. DATE C	of Birth	AGE (IN YEARS LAST BI	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
)		RTHPLACE (STATE OR FOIL OUNTRY)	olina	USA	MARRIE WIDOWI	DIVORCED [BACTINORE CITY OF	OR COUNTY		M
	B	94-limele a	MY PHE	TINSUCHFACILITY GIVE		N HOSPITUTION	120 USUAL OCCUPAT			F BUSINESS OR
2	130 S Ma	ryland	GHOME OR OTHER INST	13c. CITY OF	town imore	13d INSIDE CITY LIMITS? YES X NO	1300 K	itmor	e Rd.	21239
	14 FA	THER'S NAME Will	MIDDLE	Rog	jers	15 MOTHER'S MAIDEN NA Gracie	WIDDLE		Eat	ton
		VAS DECEASED EVER IN ES NO OR UNKNOWN)	U.S. ARMED FOR (IF YES, GIVE WAR OR D.		SECURITY NO.	Mary Rog	ers 1300		re Rd	
		Conditions, if ony, or gove rise to imme couse (a), stating underlying cause	MMEDIATE CAUSE DUE which diate	(o) (O	SEQUENCE OF	RGARCIN	6 N 1 P			
	NOI	PART 2 OTHER SIGNI	FICANT CONDITIO	INS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART I I O	
)	CERTIFICATION	190 DATE OF OPERATA	A 196 (ONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH? NO
1		2)a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	OSP OF PEATH HO	IME OF INJURY UR A.M. MONTH P.M.	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK	EAT HO	LACE OF INJURY DME STREET, FACTORY, C	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
			1 ") - 17	(21)	nd that in (my) (our) opinion	death occurred on the d	ate and hour		that (1) (we) lost causes stated
		22b. SIGNATURE	tert &			DEGREE ATTENDING PHYSICIAN [MEDICAL STA		10 -1	17-84
		22d. PHYSICI IN HIM	YACX V	· KEST	ry	THE GOODS	AMAETERAL CAT	1 Hos	m'toz	BALTOI

13c. NAME OF CEMETERY OR CREMATORY

Burial
24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

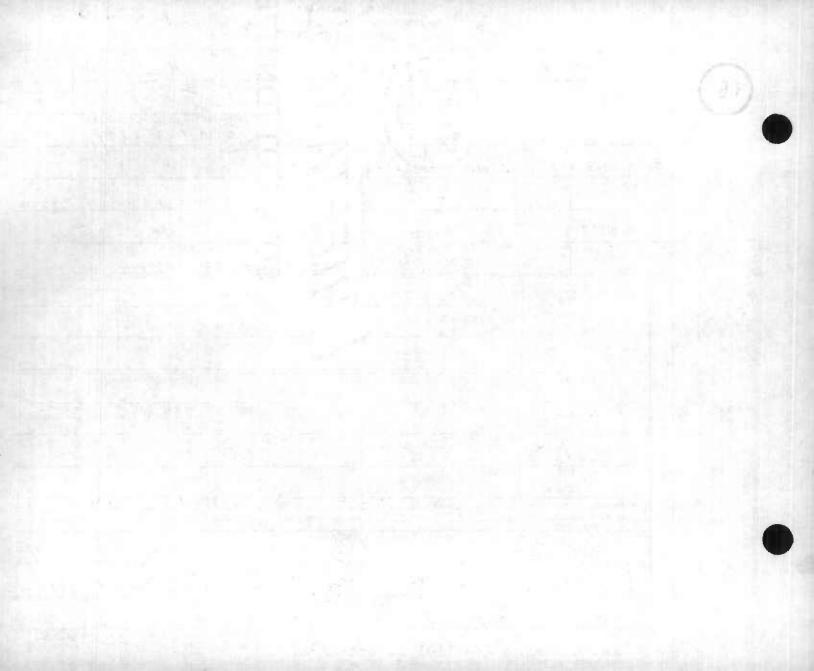
23b. DATE

23d. LOCATION
CITY OR TOWN
Arbutus, Md. STATE

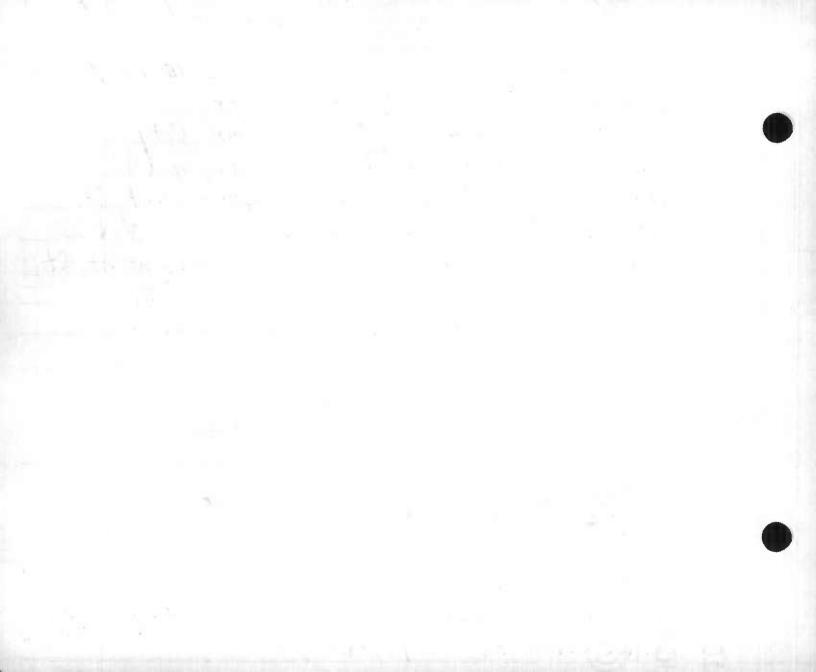
Park Arbutus, Md.

C. March F/H 1101 E. North Ave

10/22/84 Arbutus Mem



	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL LEY CERTIFICATE OF DEATH	GIEÑE 2 REG. NI	7 3 0 9
rer death	(TYP	CEASED NAME FIRST ORPRINT) Jenn	i e	Rollins		MONTH DAY YEAR 26 HOUR 9 30
director, po hours after	3 SE	Finale	Black	5. DATE OF BIRTH MONTH DAY 7 12 38	46	HDAY) IF UNDER VEAR IF UNDER 24 HI MONTHS DAYS HOURS MIII YRS.
25 25		OUNTRY SOLVE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Palib (R COUNTY OF DEATH
by the	1	Bolly,	(IF NOT IN SUCH EACHITY, GIVE STRE	H St.	TO USUAL OCCUPATION OF WORK FOR MOST OF	F WORLHALLER INDUSTRY
filled wild	130.	AL RESIDENCE (IF NURSING HOME OF		WN 138. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	cent St. 2121
ond 2		James	MIDDLE Tay/s	15. MOTHER'S MAIDEN NA PRIST	MIDDLE	Pertins
icion and collection		NAS DECEASED EVER IN U.S. AR YES, INDORUMNOWN) (IF YES, GIVI	RMED FORCES? III SOCIAL SEC (E WAR OR DATES) 2/3-36	-0605 John Rol	lins 1621	Lincent St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
by the attending physicial see remove carbon papers. I, cremation, or removal. other traumatic event, the		PART I. DEATH WAS CAUSE IMMEDIA' Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQ	osclerate CHee	est bises	leties
Then plea to burial	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
has been permit and particular and permit an	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ding physicic scertificate burial-transit Mental Hygic or Item 18 sho		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1 OR PART 2)
or offendings After this case as the busings of the business of the busines	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOV	M COUNTY STATE
RECTOR A hed for use (spt. of Healt tem 21 is ma	L	saw the deceased alive an	attended the deceased from 10 8 19		, to	19 20 that (I) (we) ate and haur and from the causes stated
± 000 ±		224 SIGNATURE	rongers		MEDICAL STA	
Should be def		R.O. CA	OSZEY MD	220 ADDRESS 1231 E	Monumo	IN St Salto
P		Burlal, CREMATION, REMOVAL	1	NAME OF CEMETERY OF CREMATORY	CITY OR TOWN	Balto. Mil.
DHMH-16 20M /RA 15, 4) 7/78	120	UNERAL DIRECTOR	ADDRESS ID.	D 662 1/3 8 750 DA	TE REC'D. BY REGISTRAR	The Day 956NAMING



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTALHYGIENE

E 4

2731

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

3		REGISTRAR				CERTIF	ICATE OF I	EATH		REG. NO	٥.			
		EASED NAME	FIRST	N	MODIE		AST	17500	2a DA		MONTH	DAY YEAR	2b HO	
	(TYPE	OR PRINT)	EVELY	N	В.	R	OLSTON				10	1784	12	45 M
	3. SEX			4 RACE		5. DATE C			6. AGE	(IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR		
		FEMALE	4000	WHIT	E	MONTH	25	32	1	52	YRS.	MONTHS DAYS	HOURS	MIN.
1		THPLACE STATE	OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8.	- C NEVER	AADDIED []	9 BAL	TIMORE CITY O	R COUNT	TY OF DEATH		
2		ountry)	12.4	U.S	.A.	WIDOW	D NEVER	VORCED T		BACTI	TORI	E C17	7	MD.
-	10°C11	TY OR TOWN OF	DEATH		IOSPITAL, NURSIN		OR OTHER INS	ITUTION		SUAL OCCUPATION		126 KIND		ESS OR
И	Ba	ltimore			HARYCAP		ANKER	CENTER		lairdres			Sho	р
7		L RESIDENCE (IFF	HIS COUN		GIVE RESIDENCE BEFORE		113d. INSIDE C	ITY LIANITS?	1134 STI	REET ADDRESS /	7 IP COI	DE	ALG	
2		ryland	18.7-	gomery	Rockvil		YES [NOX		401 Ash1			0850	
0	M. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN NA	AME	MIDDLE			AST	281
a		Charle		MIDDLE	Stur	n	(harlot	te	Rut	h		arce	
0		AS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMA	NI		ADDRE	SS			
-	14	NO OR UNKNOWN	(IF YES, GIVI	E WAR OR DATES)	216-28-	8814	Charl	les Stu	ırm 3	300 Hail	e Ave	e. 212	25	
3		18 CAUSE OF DE	ATH (Enter on	ly ane cause per	line for (a), (b), and	licin		No.				BETWEEN	XIMATE INTE	RVAI D DEATH
	100	PART I. DEATH	H WAS CAUSE	D BY: E CAUSE (a)	myoc	ord	108 11	farct	hor	1.		3	de	45
		- 10			AS A CONSEQUE	NCE OF				mit d				1
		Canditians, if a		(b)	/	rona	140	mbolis	SM			5	da	45
		gove rise to cause (a), st		DUE TO, OF	R AS A CONSEQUE	NCE OF	/					1/		1
		underlying co	iuse last.	(c)_	nea		Canre	1	0.0			9	Jea	15
1	-	PART 2 OTHER S	IGNIFICANT C	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	MINALD	ISEASE OR CON	DITION G	OVEN IN PART I	No.	
V.	ő	277 1.75												
7	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a	AUTOPSY?		TIFYING CAUSE		
	RT	443	Water St.							NO NO		YES 🗌	NO 1	
्र	10000	210. ACCIDENT WAS	-	110110 4 4	FINJURY M. MONTH DA	Y YEAR	21c. HOW IN	IJURY OCCUR	RRED (E	NTER NATURE OF INJUI	RY IN ITEM II	8 PART I OR PART 2)		
7	CAL	(IF EITHER, NOTIFY			м.	19		1417						
	MEDICAL	21d INJURY OCC		21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC]	21f LOCATI			CHYORTO	WN	COUNTY		STATE
	-	AT WORK AT	WORK -	- 17			/			/				
	170			9 12 1	deceosed from	0/10	19	_, 19	, ta	10/17		19 14	, that (I)	, ,
	12	abave, (I) (w	eased alive on e) (did) (did na	view the bady	after death.	70		(our) apinian	death o	occurred an the do	ate and h			
		226. SIGNATURE	0.	111	10		DEGREE	ATTENDING	MED	DICAL STAI		22c. DAT	E SIGNED	7
		MI	elle	1110	In M	' >		PHYSICIAN [CTOR PHYSIC		10	117/3	4
1		22d. PHYSICIAN'S	NAME (TYPE O	A DON			22e ADDRES	1 10	117	00011	n,	min	3/	
		MICHE	1100	VIKK			10010	Uf F	10.	CANCE	16 (ENYER		
		URIAL, CREMATIC		236 DATE			EMETERY OR			LOCATION CITY OF TOWN		COUNTY		STATE
		Buri	2]	110/20/	84 I I.	oudon	Park (emeter	777	Baltimor	0		Marv1	and

14. FUNERAL DIRECTOR
NAME
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

should be detached for use as the with the State Dept of Health orday.

and the second supplied that the second supplied the second second supplied to the second second second second The same of the sa

20 DATE OF DEATH 26. HOUR MONTH 5:50 20 1984 IF UNDER 24 HRS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE CITY 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SEWING 419 N. CLINTON ST. 21224 MORMAN FOX HILL RD. BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUNYGIENE

CERTIFICATE OF DEATH

NO | YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

10- >2-8

77c DATE SIGNED

STATE

MD.

BURIAL 10/23/84 ST EVANGEL.

BALTO . CHURCH CEM.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

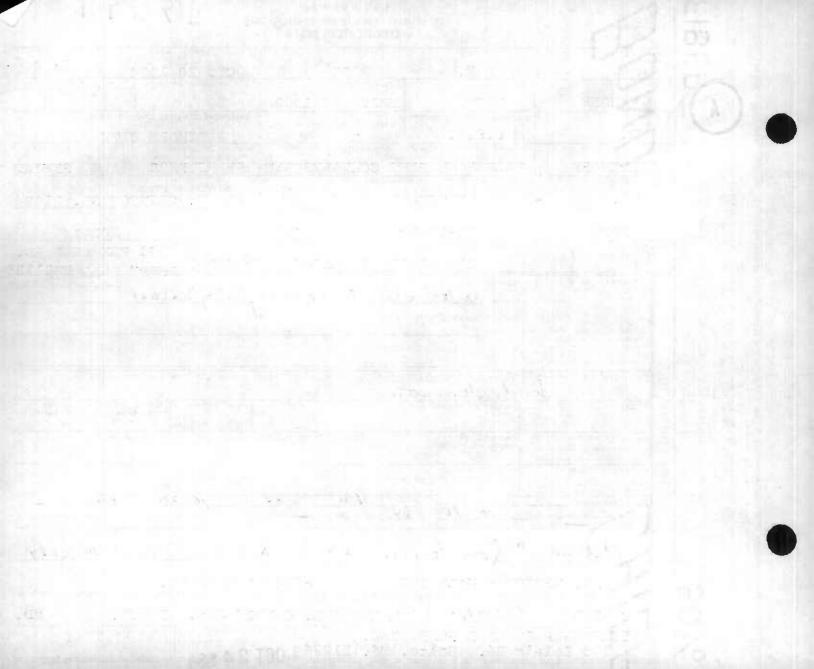
- STATE

1. DECEASED NAME

REGISTRAR

24 FUNERAS CHIMUNEK FUNERAL HOME, INC.

9705 Belair Rd., Balto. Md. 21236



	\$	1-	FOR STATE REGISTRAR TUNIFE	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTALBYG ICATE OF DEATH		3 1 2
			EASED NAME FIRST	WIDDLE		AST	REG. NO.	DAY YEAR 26. HOUR
oge 3		(TYPE	OR PRINT) Eunice	WEILAY	Kosens	weig	10	25 84 06:10°
ector, pagers of the contract		3. SE)	FEMALE	4 RACE WHITE	S. DATE O	BIRTH S 34	6 AGE (IN YEARS LAST BIRTHDAY) 50 YRS	IF UNDER TYEAR IF UNDER 24 HRS
neral dir. in 72 hou	700	7a. BI	RTHPLACE (STATE OR FOREIGN DUNTRY) MANJANA	76. CITIZEN OF WHAT COUN	MARRIEL WIDOWE	_	9 BALTIMORE CITY OR COUN City	TY OF DEATH MD.
s ofter d by the fu filed with	38	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME O STREET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY YST SOC. SEC. ADM
n 24 hour filled in hould be in must be	35	13a S	Maryland	OTHER INSTITUTION, ONE RESIDENCE		136. INSIDE CITY UMITS	13e.STREET ADDRESS / ZIP CO	a Court 2121
mpletely ond 2 s	30	14 FA	THER'S NAME NOTHAN	MIDDLE KAS	plan	15 MOTHER'S MAIDEN NA	WE	Flax
n and ca Pages 1	2		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E WAP OR DATEST	SECURITY NO. 8-0655	17. INFORMANT LE	NNERT ROSENSWEI ETTA CT. BALTO.	- 3
equires that the death certifican is signed by the attending phys. Then please remove carbonpas trabusial, cremation, or removiniury, or other traumatic event.		NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	D BY: E CAUSE (0) WICH DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	LLY MET SEQUENCE OF		AINAL DISEASE OR CONDITION O	
he low re on. hos beer permit. ene prior		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH
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TAL OR A y the hor RAL DIRE detoched tote Dept.			Putth Ka	utor MI		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10/25/84
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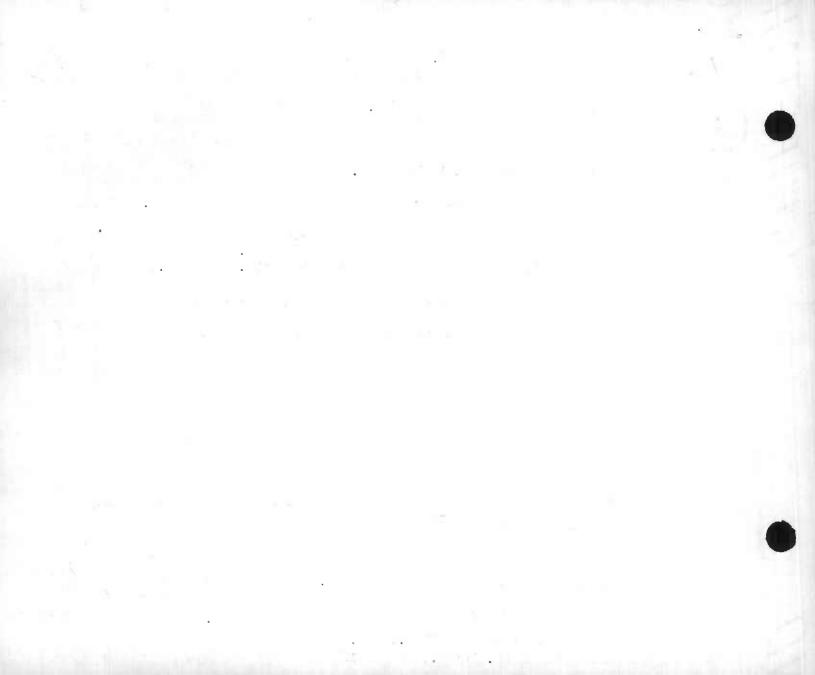
medical exam

IMPORTANT: If Item 21 is marked or Item 18 shows any Injury, or other traumatic event, the

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DEPARTMENT	OF	HE	AL	TH	AND	MENT	YEPIA

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	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENT		REG. NO.	9	
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	3. SE >	MALE	4. RACE WHITE		5. DATE C		AR 6	6.5	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	0	D NEVER MARRI	9	BALTIMORE CITY OR COUNTY O	OF DEATH	
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6		TY OR TOWN OF DEATH BALT IMORE	GOOD GOOD	SAMARITA	N HOS	P .		USUAL OCCUPATION YPE OF WORK FOR MOST OF WORKING LIFE) CLERK		F BUSINESS OR
5	13a S	AL RESIDENCE (# NURSING HOME OR STATE 13b COUN MARYLAND	OTHER INSTITUTION	13c. CITY OR TOWN BALTIMO	N	13d Inside City Lin yes XXX No		STREET ADDRESS / ZIP CODE 5431 TODD AVE.	#21206	
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		X SIGNAU	Bis	no		DEGREE ATTEN PHYSI		MEDICAL STAFF	10/19	SIGNED
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1.ACK 1976 58 N. S. A. R. .. KINDLIYA-K NEW VIEW . '. . . J. THE CHARLES PAS COOKS TATE ATTLE CO 220-18-2808 March 1. RICTLA BULLYON, WARREN 21228

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= 1st	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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or Part By		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		9. BALTIMORE CHY OR C	
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BP	230. E Bu	SURIAL, CREMATION, REMOVAL PIAT		3. NAME OF CEMETERY OF CREMATORY Pruid Ridge Maus.	Pikesville	Baltimore MD
DHMH - 16 50M 4/82 (VRA 15_4)	24 FI	UNERAL DIRECTOR Loring 28 Liberty Rd.	Byers Funeral Randallstown	Directors, Inc. 25a. DA SS MD 21133	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE dalle

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE

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Ľ	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG	NO.			
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3.	SEX	4.	RACE	. 70	5. DATE C			6. AGE	(IN YEARS LAS	BRTHDAY)	MONTH!	DER I YEAR	HOURS MIN.
	Female	150	В1	ack	MONTH 2	16	24	6	0	Υ	RS.	DATS	HOURS MIN.
70	BIRTHPLACE (STATE ORF	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER	MARRIED [9 BALTI	MORE CIT	Y <u>OR</u> COL	INTY OF D	EATH	
	Maryland		U.S	. A.	WIDOWE		NORCED [imore	Cit	4		M
10	CITY OR TOWN OF DEA	TH 11		HOSPITAL, NURSIN		OR OTHER INS	TITUTION		AL OCCUP			b. KIND C	OF BUSINESS OR
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	Maryland			Baltim		YES X	NO 🗌					nia	Avenue
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	Herbert		H.	Hawki	ns	Ma			E.	c .	E		31
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MED	AT WORK AT WO	OLE RK		EET, FACTORY, OFFICE, F		21f. LOCAT			566	R TOWN	C	VINUO.	STATE
	22a certify that the saw the decease above, (1) (we) (c	ed alive on	Octobe:	r 8 19			19 <u>84</u>) (our) opinio	,	Octo.				that 🛠 (we) loss couses stated
	22b. SIGNATURE	- L	as)	lux	an	DEGREE	ATTENDING PHYSICIAN		AL OR PH	STAFF YSICIAN (120 DATE	18/84
	22d PHYSICIAN'S NA	AME TYPE OF P	RINT)	0		22e ADDRE	SS						

DHMH - 16 50M 4/83 (VRA 15, 4)

Kuo-Liang Huang, M.D.

24 FUNERAL DIRECTOR

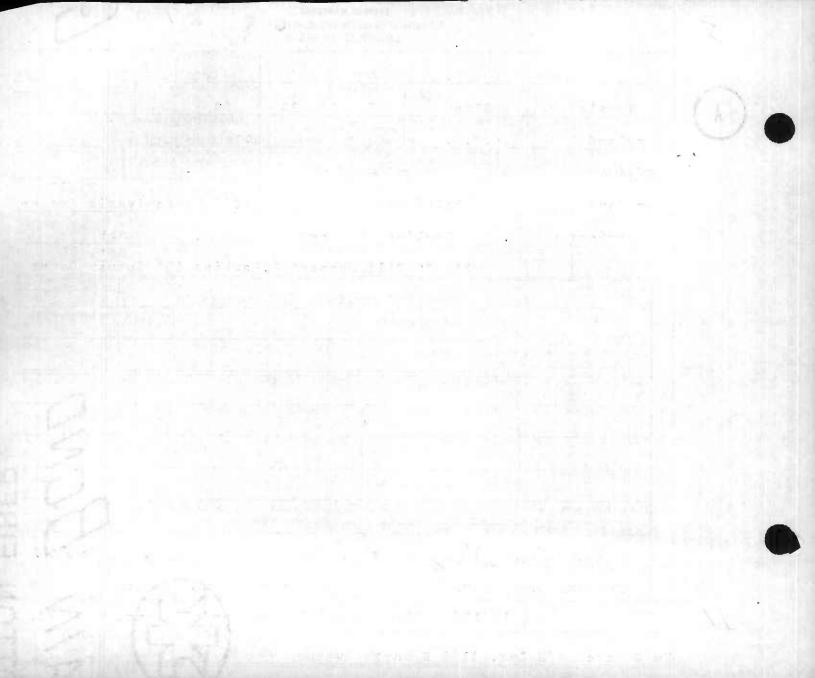
BURIAL 23% DATE 10/13/84 King Memorial Park RandaTistown;

C/O Maryland General Hospital

M'dATE

250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Wm C March F/H Inc. 1101 E North Avenue



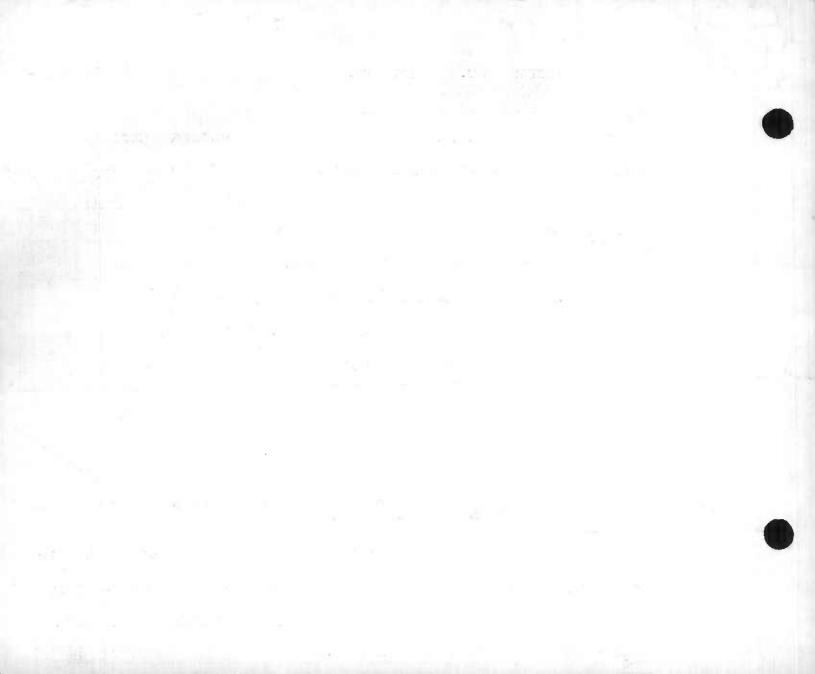
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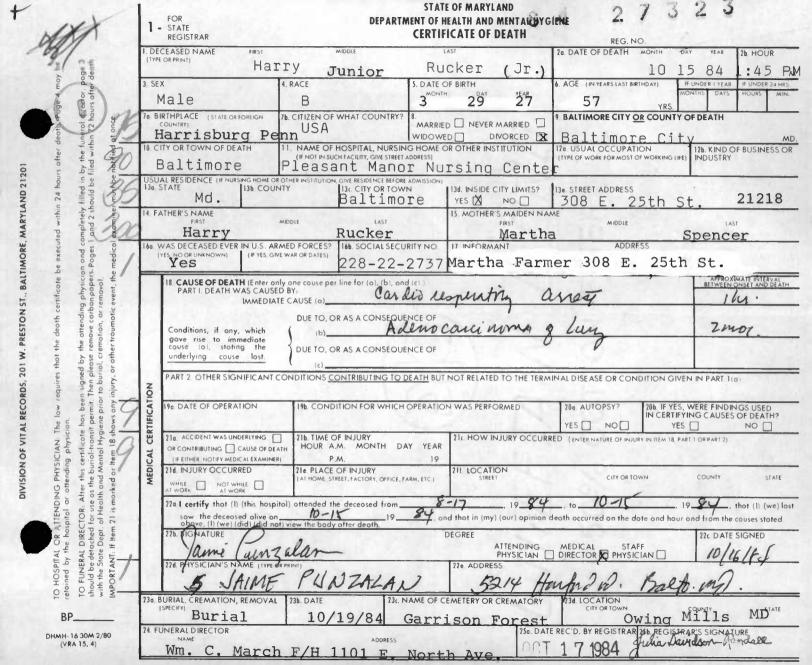
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(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL TYCIENE

REGISTRAR DECEASED NAME 1881	21A MESS OR
ARTHUR T. RUBY SR. 3. SEX 4. RACE 5. DATE OF BIRTH DAY YEAR Feb. 10 1908 76. AGE (INYEARS LAST BRITHDAY) WINDER LYRS. 77. BIRTHPLACE (STATE OF FOREIGN COUNTRY) WARYLAND 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IP HOT IN SOCIETALITY, ONE STREET ADDRESS) 12. CITY OR TOWN OF DEATH 13. COUNTRY MARRIED 14. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IP HOT IN SOCIETALITY, ONE STREET ADDRESS) 15. MOTHER'S MARRIED 16. AGE (INYEARS LAST BRITHDAY) WAS LAST WINDOWS OF DEATH WOUNT OF DEATH 17. IN AMERICAL TOWN OF DEATH 18. CITY OR TOWN BALTTMORE UNION MEMORIAL HOSPITAL 17. INFORMANT 18. CITY OR TOWN BALTIMORE 18. CAUSE OF DEATH IE FIRST ONLY ON DEATH 18. CAUSE OF DEATH IE FIRST ONLY ONLY ON DEATH 18. CAUSE OF DEATH IE FIRST ONLY ONLY ON DEATH 18. CAUSE OF DEATH IE FIRST ONLY ONLY ON DEATH 18. CAUSE OF DEATH IE FIRST ONLY ONLY ON DEATH 18. CAUSE OF DEATH IE FIRST ONLY ONLY ON DEATH 18. CAUSE OF DEATH IE FIRST ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	MIN. MI
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(SPECIFY)	STATE
Burial 10-16-84 Druid Ridge Cammtery Pikesville, Balto.Co. Md.	
Burgee-Henss Funeral Home, Baltimore, Md. OCT 16 1984 Junion-Rand	





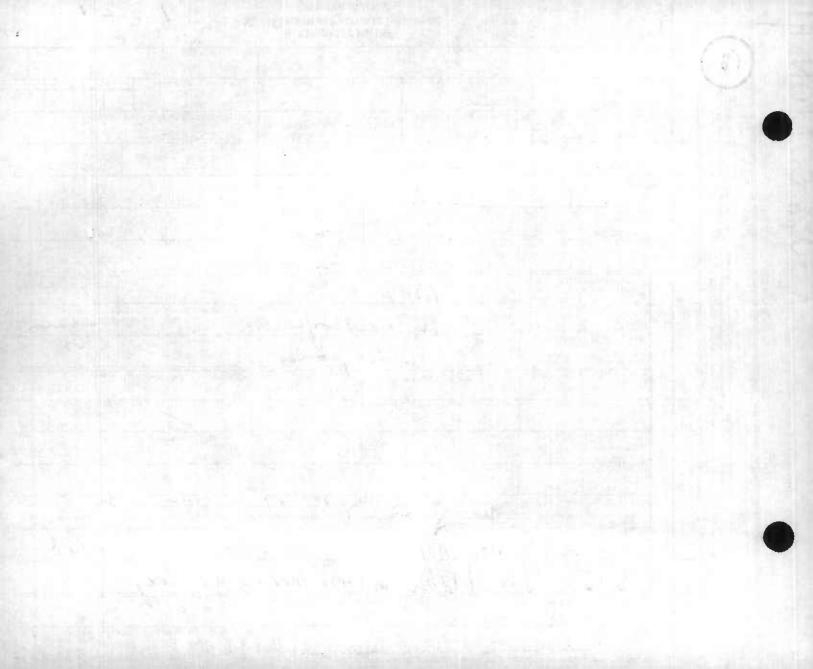
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24 1	UNERAL DIRE			Balto. M	H. 2		6. DATE REC'D.	BY REGISTRAR 256	REGISTRAR'S	GNATURE	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL YGIENE



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DIVISION OF VITAL RECORDS.

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th and Mental Hy orked or Item 18	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFIC	E, FARM, ETC)	211. LOCATION STREET		CITY OR	IOWN	COUNTY		STATE
for use of Healt		220.1 certify that (I) (this hosp sow the deceased alive ar above, (I) (mailed dr) (did	10	he deceased from	84,0	d that in (my) (opinion dec	th occurred on the	dote and ha	our and from t	he couses	(**e) lost
detoched ote Dept. JT: If Item		22b. SIGNATURE	Tel	M	w	DEGREE ATTENI PHYSIC	DING CIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN []	10 DA	TE SIGNE	34
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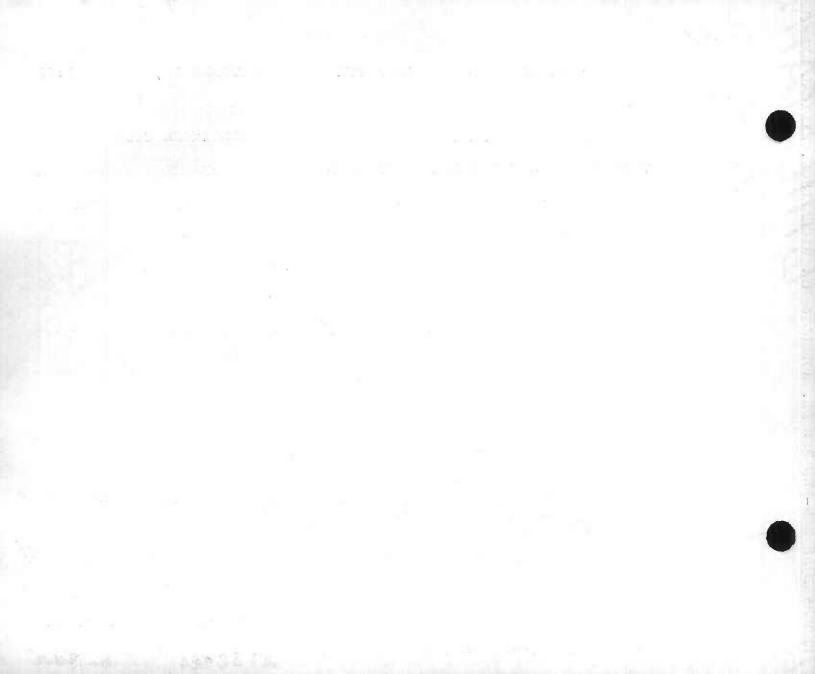
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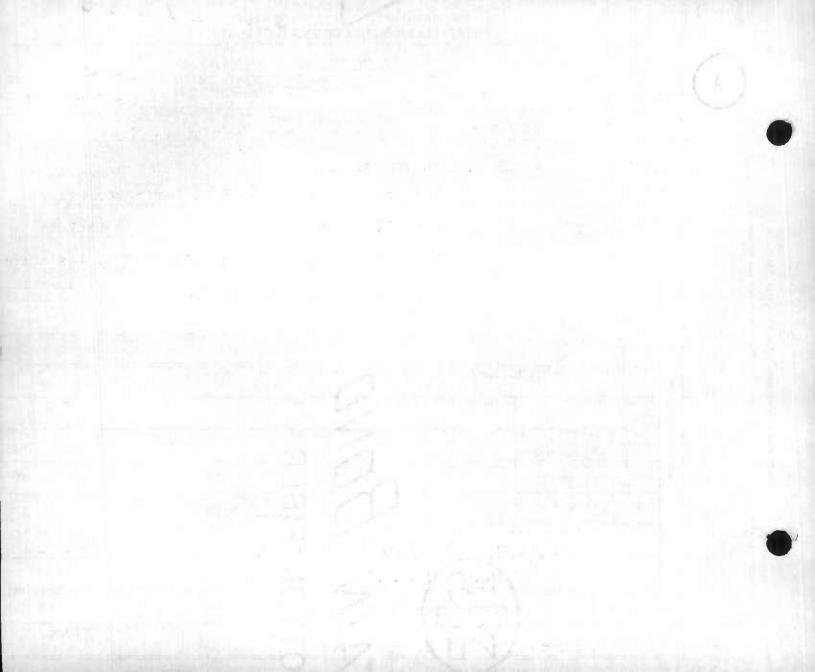
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\$8.23E	3. SEX	4. RACE	5. DATE	OF BIRTH		& AGE (IN YE	ARS IF UN	ntos DER I YR.	IF UNDER 2	4 HRS. 2c.	DATE	MONTH		2d. HOUR
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URS AFIEK DEAHL. IF ANY DELAY IS B. GIVE PAGES 1, 2, AND 3 TO THE FU WITH FORM PM 3. RETAIN PAGE 5 IT. PAGES I AND 2 SHOULD BE FILED. DIVISION OF VITAL RECORDS, 201 W	FIR	ST	Pololito	uic-	Į.	AST		FI	RST		MIDDLE		LAST	
\$ 4 0 -	160. WAS DE	John CEASED EVER IN			16b. SOC	IAL SECURITY	NO.	17. INFORM	LI	llian	AD	DRESS		
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NAY IS N	FILED	M CIT	rortown	OF DEATH	11. NAME OF HOS UNIVERS	CILITY, GIVE,	TREET ADDRESS)	, OR OTH	ER INSTITU		12a USU	Baltimo AL OCCUPATION OST OF WORKING I STERED	ON (TYPE OF	WORK 12h	OR INDUST	RY
21201 ANY DE AND 3 T	RETAIN POULD B		RESIDENCE YLAND	1196 COUN	OR OTHER INSTITUTION, GIVING GOMERY	13. CITY	OR TOWN		13d INSIDE C	NO .	134 STRE	ET ADDRESS DALTO	N ROA	D -	2081	5
EATH #	E SEPO		HER'S NAME FIRST MES W.	SARFATY	MIDDLE		LAST		F	ER'S MAIDE		ELUISE			LAST	
BALTIMORE, MD. S. AFTER DEATH. IF	MITH FORM PAGES IN DIVISION OF	16a W.		DEVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		ATLABL		JAMES		ARFAI	Y,16 S	Tarc taffo	hmont	t, N.Y.	
	NG WIT RAMT, P.	>	18 CAUSE O PART I DE	ATH WAS CAUSE	nly one couse per line D BY: TE CAUSE (o)), and (c).) tiple	injur	75.1111						APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
RECORDS, 201 W. PRESTON ST., LD BE EXECUTED WITHIN 24 HOUR PENCIL IN TEAM IS	HIE MEDICAL EXAMINER ALONG VICED AS A BURIAL - TRANSIT PERMIT OF HEAITH AND MENTAL HYGIELER (RIAL, CREMATION, OR REMOVAL		gove ris	is, if any, which e to immediate stating the under	DUE TO, OR		NSEQUENCE									
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F VITAL RE	CHIEF N E USED A TOF HEA	ERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?			0191		20 AUTOPSY	, NO X
DIVISION OF VITAL S CERTIFICATE SHOU PITING THE WORD."	DED TO THE CONTROL BE SHOULD BE DEPARTMENT OF THE CONTROL BE CONTR	0	UNDERLYING	L CAUSE WAS XX NG CAUSE OF	DEATH P.M		-19-841 19	21c. Ho	iver	of au	to/tr	actor t	traile	er co	llisio	n
三言≥	AAR	MEDICAL	WHILE AT WORK		XX SINGWY	ORY, FARM, E	(AT HOME.	Rt	TREET 50&	Rt.	648	Annapo [*]	lis, I	Maryl	and	STATE
ANER: T	TORNA TO THE PARTY OF THE PARTY	1		y that I took char	ge of the remains designal couses.	cribed abo	-	Autop	sy .	Inspection		Inquiry		n my opini	on	
ALEXA	HOULD E VAL DIRE VTH, WITH		ACTUAL SIGNATURE_	May	nee A	e of	ell	M	,	istan	t_MEDIC	CAL EXAMINER		DATE SIGNED_	10-30-	-84
O MEDIC	PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THEST BALTIMORE, MARYLAND, B		EXAMINER'S TYPE OR PRIN	NT)IMAT	garita A.				ADDRESS_			Street				
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(VR	HMH - 17 A15 ME (5)) 20M 4/82	DeV		119101	ie, inc.,22	22 W	ISC. AVI	, N.	W.	NC	JV 3	1984	your	per les		

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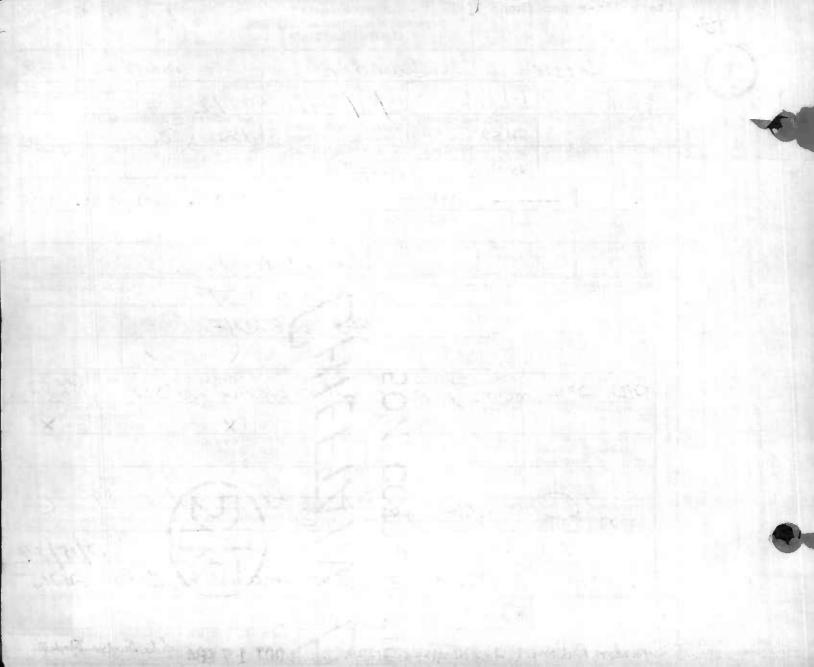
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to		FOR STATE REGISTRAR	per phone		MENT OF HE	OF MARYLAND ALTH AND MENTACHYO CATE OF DEATH		7 3	4 0	
		CE ASED NAME	FIRST	MIDDLE	auni		REG. 20. DATE OF DEATH	MONTH DAY	JEAR 28	10 PM
Je 4 moy	-	remale.	1 RACE BLA	ek	5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST)	YRS.	THS DAYS H	FUNDER 24 HRS HOURS MIN.
er death within 72 ho	V	RTHPLACE (STATE ORFO	7151		WIDOWE	NEVER MARRIED DIVORCED DOTHER INSTITUTION	Ballo (ily		MD.
by the filed will	/	TY OR TOWN OF DEA	NOTTE	CHAYLES	HODRESS)	1 1	TYPE OF WORK FOR MOS		INDUSTRY	BUSINESS OR
Silled 24 h	130.	Md.	NG HOME OR OTHER INSTITUTION 13b. COUNTY	Baltimo:	re	13d. INSIDE CITY LIMITS? YES NO	13. STATEST ADDRESS	Dukelan	d St.	21216
completely 1 and 2 sh	1	ATHER'S NAME FIRST	WIDDLE	LAST	DITYNIA	15. MOTHER'S MAIDEN NA FIRST 17. INFORMANT	MIDDLE	RESS	LAST	
0 04 0	ers. Pages		N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECU	JKITY NO.	AD A	פחחי's	RESS		ITE INTERVAL SET AND DEATH
he law requires that the death cert on. has been signed by the attending t permit. Then please remove carbon tene prior to burial, cremation, or re-	CERTIFICATION	Conditions, if ony, gave rise to imm cause (a), stating underlying cause PART 2. OTHER SIGN	which lediate of the lost. (c) IFICANT CONDITIONS CO.	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	NNAJ DISEASE OR CO	NDITION, GIVEN 20b. IF YES, W IN CERTIFYIN 185 C	TERE FINDING	Solled F be ather
TENDING PHYSICIAN: Total or attending physical OR: After this certificate to use as the burial-transis if Health and Mental Hyg	MEDICAL CERT		AUSE OF DEATH AL EXAMINER) ED 21e. PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, I	A 1/ /S	21f. LOCATION STREET Into time (my) (our) opinion	RED (ENTER NATURE OF IN	TOWN	COUNTY	STATE at (I) (we) last
TO HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR should be detached for u. w.mt the State Dept. of H.	23a.	22d PHYSICIAN'S NA	ME ITYPE OR PRINT! CU REMOVAL 23b. DATE	TLER	<u>)</u>	EGREE	DIRECTOR PHYS	AFF SICIAN D	10/K	15/84 10/5
BP DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR Thame Therefore R	0	84 Cr. (27) R. (ADDRESS CO.)		LL & Cemilrer 250. DA	TE REC'D. BY REGISTRA			STATE RE

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is certificate has been signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE

	CEASED NAME FIRST			REG. NO.	
Link	OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Oakl	24	aunders	10	19 84 1230
3 SEX	X .	4 RACE 5.	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
	M ale	B lack	2 22 15	69 YRS	MONTHS DATS HOURS M
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
Vi	rginia		IDOWED DIVORCED	Briti	at
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS INDUSTRY
	ltimore	nuchanon	Hes pertail		
13a. S	STATE I 136 COUL	NTY 136. CITY OR TOWN	WISSION 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
	ryland	Baltimo	ore YES NO [3714 Colborr	ne Road 2122
14 FA	THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NAM	ME MIDDLE	1457
)	Campbel1	Saunders		MIDDLE	Saunders
	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECURITY		ADDRESS	Dadiidelb
(1)	NO OR UNKNOWN) (IF YES, GI	217-03-18	373 Edith Brod	ie 3714 Colbo	rne Pond
		nly one couse per line for (a), (b), and (c		0 3714 00100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
104	PART I. DEATH WAS CAUSE	D BY	at blan	-()	MINUST AND DEA
	IMMEDIA	TE CAUSE (a) H3pirat	194 81 DLOO	<u> </u>	weinone:
		DUE TO, OR AS A CONSEQUENCE	11 1/6		(12.12.01.0.)
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	couse (o), stoting the	DUE TO, OR AS A CONSEQUENCE	TE OF		
	underlying couse lost.	1 Soph	ageal all	wation	UNKNOWN
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING O DEA	THE UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	GIVEN IN PART 110
CERTIFICATION	Covenary a	therosclenos is			
18	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
Ĕ					TIFYING CAUSES OF DEATH?
- 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCURE		
	OR CONTRIBUTING CAUSE OF DE				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	21f LOCATION		
l m	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE FARM,	.ETC) STREET	CITY OR TOWN	COUNTY STATE
1 2 1	AT WORK				
	AT WORK				
	220 I certify that (1) this hosp	ottended the deceased from	101 (11 19 FY		_, 19, that (l) (we)
	220 I certify that (I) this hosp sow the deceased alive on	1110		eoth occurred on the date and h	
Ġ	220 I certify that (I) this hosp sow the deceased alive on	(0/19 19 A		to leoth occurred on the date and h	
Ġ	270 I certify that (I) this hasp sow the deceased alive on above, (I) (wf.) (did) (did no	(0/19 19 A	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
A COMME	270 I certify that (I) this hasp sow the deceased alive on above, (I) (wf.) (did) (did no	at view the body after death.	, and that in (my) (our) opinion of		our and from the causes stated
A COMME	270 I certify that (I) this hasp sow the deceased alive on obove, (I) (w/r) (did) (did no 27b. SIGNATURE) 27d. PHYSICIAN'S NAME (TYPE C	of view the body offigr death.	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	222. DATE SIGNED
	22a I certify that (I) this hosp sow the deceased alive on above, (I) (w/r) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	of view the body offigr death. OR PRINT! CUS LOWIN	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN OF	272c. DATE SIGNED
73a. 8t	270 I certify that (I) this hasp sow the deceased alive on obove, (I) (w/r) (did) (did no 27b. SIGNATURE) 27d. PHYSICIAN'S NAME (TYPE C	DI view the body ofter death. OR PRINT) [CUS WWW.] [736. DATE 736. NAW	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN OF WOSPINS Trad LOCATION	22t. DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

ATTENDING

retained by the hospital

THE PARK A STANDARD AS A STAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL CYGIENE

	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.											
	1. DECEASED NAME FIRST			MIDDLE LAST				20 DATE OF DEATH MONTH DAY YEAR					26. HOUR		
1	(1796	JAME	ES	C		SAVAGE			10 27 84					6:38A M	
)	3. SEX	3. SEX 4. RAC				5. DATE C		HC 4.0	6. AGE IN	YEARS LAST BIRT	(HDAY)	MONTHS	R I YEAR DAYS	IF UNDER	24 HRS MIN.
	Ma	ale		Black		6-	1-24	YEAR	60)	YRS	WO141713	DAIS	HOURS	MIN.
,		SIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER M	APPIED T	1	ORE CITY O	_		ATH		
35		Md.		U.Sa		WIDOWE		ORCED	BALTI	MORE,	CITY	190			MD.
3	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES) VAMC, BALTIMORE,						RESS) (TYPE OF WORK FOR MOST OF WORKING LI						12b. KIND OF BUSINESS OR INDUSTRY		
1	USUA 13a. S	AL RESIDENCE (IF NURSI	NG HOME OF	ROTHER INSTITUTION.		ADMISSION)	13d. INSIDE CIT	V I IAA ITS2	112. STDEET	ADDRESS /	710 COL	NC.			
5		1d.	130 000		Balto	•	1.1	NO [480		dlar		ve.	21	215
	14 FA	THER'S NAME		WIDDLE	1461		15. MOTHER'S								
00		Arthur		~	Savage			ena		MIDDLE	Say	vage	LAST		
1	160 WAS DECEASED EVER IN U.S. ARM			RMED FORCES?						ADDRE	SS				
	- (1	ES, NO OR UNKNOWN)	(1r 1cs, G)							807 W	Woodland Ave. (15)				(15)
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))										MATE INTER	VAL		
		PART I, DEATH WAS CAUSED BY:									Unknown				
		DUE TO, OR AS A CONSEQUENCE OF													
15	110	Conditions, if ony,		(b)_	Seas	5		5000					24	6-	5.
36		gove rise to imm couse (a), stating	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF									,
		underlying cause	lost.	(c)	Metersto	itiz	Trans	si franc	e C	cell (ancis	nomi	4 6	,0	day
w	7	PART 2 OTHER SIGN	IFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED T	TO THE TERM	INAL DISEA	SE OR CONE	DITION GI	VEN IN F	ART 10		
	TO					13 24	JANA						441	4.6	
2	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	NWAS PERFOR	MED	20a AUT	OPSY?	20b. IF YE	S, WERE			
lan	RTIF	9/20/8		11b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 121c HOW INJURY OCCUR			المراجعة	YES 🗌	NO		YES NO				
9		OR CONTRIBUTING C	110110 4				ED (ENTER N	NATURE OF INJUR	Y IN ITEM 18	PART I OR	PART ?)				
1	ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE C													
	MEDI							N	CITY OR TOWN COUNTY SI					STATE	
		AT WORK AT WOR	K			0.70		0.4	40	100	5036	0.4			
		22a.l certify that A)				8/4	1.10 1.20	. 19 <u>84</u>	, to 10	•		1984		hotXII (
		sow the decease above XI) (we) (d	lid XXXXX		ofter death. 1987		nd that ixxx (our) opinion (deoth occur	red on the do	ate and ha				oted
		22b. SIGNATURE	-	4.4	1.		DEGREE AT	TENDING	MEDICAI	L STAF	e F	120	DATE	IGNED	1 15.12
		22d. PHYSICIAN'S NA	she	ay M.	assur	/ N		HYSICIAN [R PHYSIC			15/	27/	14
1		Mar I	INC (THE	The Man											
1	0.0	MKSA	231	V. 17	m, bi			OCH RA			SALTTI	MORE	, MC	. 21	L218_
	()	URIAL, CREMATION, I	REMOVIAL				EMETERY OR CE		~	TY OR TOWN	7 7	COUNT	IA	5	TATE
		Burial INERAL DIRECTOR		111-2	2-84 M	d. Ve	eteran			REGISTRAR		TRAPIS	A.	Md	•
		NAME		D(1D) 4 7	ADDRESS	77		NO.	WECD. BY	100 1	0	-			000
	(Chas.A.Ri	ce,	FSPA 15	00 Euta	W PI	•	140	CV	1984		Javide	301/-1/	milar	Jun .

DHMH - 16 50M 4/B3 (VRA 15, 4)

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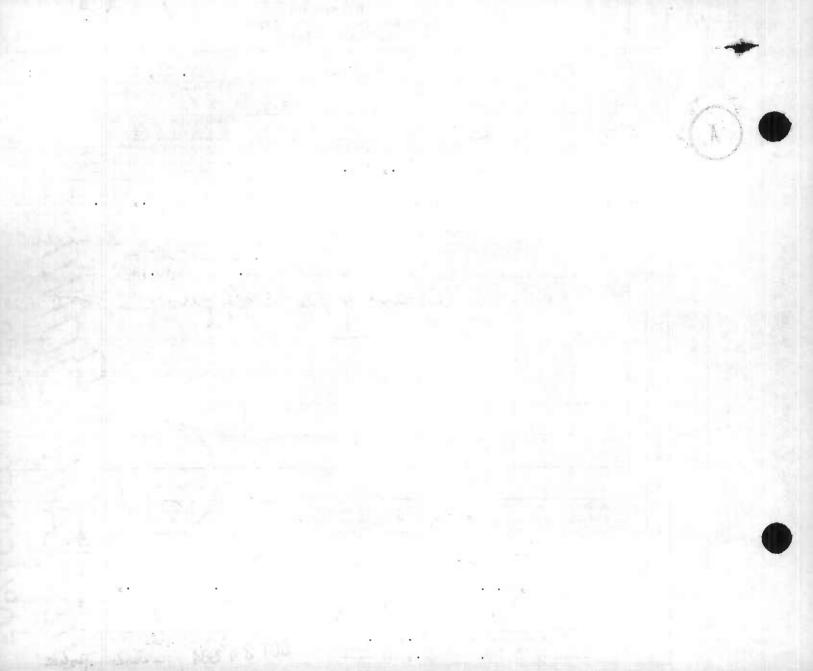
(VRA 15, 4)

STATE OF MARYLAND

	1-	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME FIRST ORPRINT) MARGARE	WIDDLE	C	x ton		MONTH DAY		26 HOUR 952			
	3 SE)		4 RACE	S. DATE (6 AGE IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS			
		Female	Caucasia		16 04	79	YRS.	NIHS DAYS	HOURS MIN.			
1.1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		_ (4-1			
7	10 C1	Washington TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWI	DIVORCED IN OTHER INSTITUTION	12ª USUAL OCCUPATI	more		MD.			
0	B	Altimore	(IF NOT IN SUCH FACILITY, GIT			Teacher		INDUSTRY Ba:	llet			
5	130 S	AL RESIDENCE (IF NURSING HOME OF	NTY 136CITY C	R TOWN	13d. INSIDE CITY LIMITS?		ZIP CODE	stree	× 2/202			
C	14 FA	THER'S NAME FIRST C.	MIDDLE L	Manley	is mother's maiden NA.	MIDDLE		Aubreco	ht			
			VE WAR OR DATES!	2-6/27A	17 INFORMANT	5811 Leith		2123	0			
		No	11:1		Karen Grob	2011 Term	Walk		MATE INTERVAL DNSET AND DE ATH			
	Ų,	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	1983									
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which										
		couse (a), stating the underlying couse lost. (c)										
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	V IN PART 110				
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	WERE FINDINGS USED YING CAUSES OF DEATH?					
7		2)a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	T 1 OR PART 2)									
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	URRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN						COUNTY STATE			
		22a.1 certify that (1) 11 on the ottended the deceased from 7 19 27 to 31 000 19 19 19 19 19 19 19 19 19 19 19 19 19										
		22b. SIGNATURE	11-1-84									
		DOTHUC M		NO	3640 FOM	of lane	ZIZIS					
		BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE			
1		Burial	Nov 3 1984	Park	wood Cemetery		ALL DECISTO	ABIC CHONNATI	aryland			
	24 F	uneral director Leonard J. Ruc	k, Inc. Bali	timore, M		5 1984	Na Davi	ars signati	dall			

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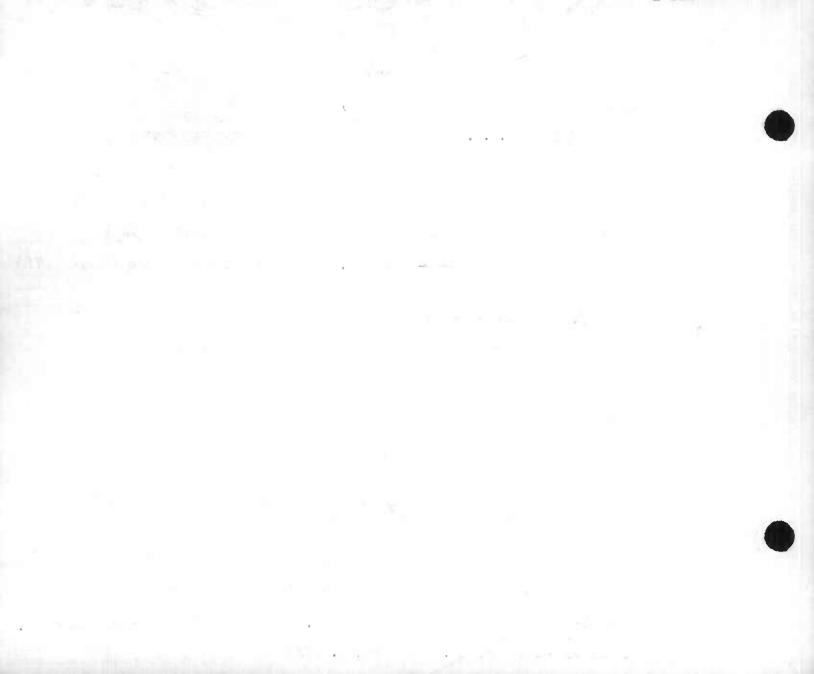


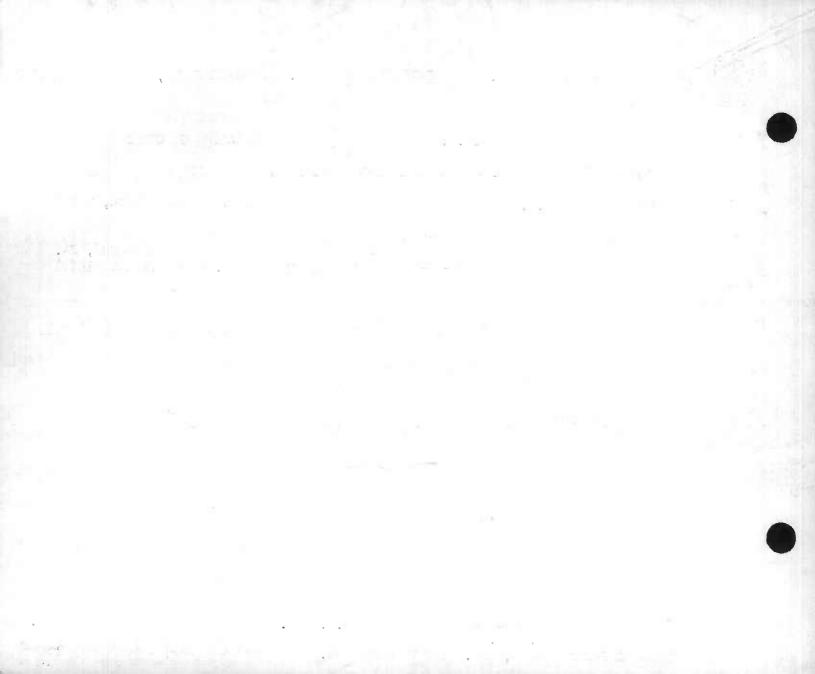
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	REGISTRAR				REG. N	0.					
	CEASED NAME FIRST DOLLIC	MIDDLE	Schafl	ine.	2a DATE OF DEATH	MONTH DAY	84	26 HOUR 4 30			
3. SE	X	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS			
١.,	Female	White	June	27, DAY 898 EAR	86	YRS. MONT	THS DAYS	HOURS MIN.			
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT		NEVER MARRIED	9. BALTIMORE CITY C		DEATH				
,	West Vinginia	U.S.A.	WIDOWE		BALTIMORE	CITY		MD			
10. C	ITY OR TOWN OF DEATH		TAL, NURSING HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPAT	ION I	12b. KIND OF	BUSINESS OR			
BA	LTIMORE CITY		RIAL HOSPIT	AL	(TYPE OF WORK FOR MOST OF	Ren	Own H	ome			
130	AL RESIDENCE (IF NURSING HOME OF STATE 13% COUR anyland Anne			13d. INSIDE CITY LIMITS?	130 STREET ADDRESS .	ZIP GODE	2110	R			
-	ATHER'S NAME	Tricus accept.		15. MOTHER'S MAIDEN NAM		the mount	2770				
	Hosa		annan	Nancy	Catherine	9	29 LAST				
	WAS DECEASED EVER IN U.S. AR	ye war or dates) 21	9-10-7934	Mr. Peter Sch	710011		t Road	2110			
5 3	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	DBY:	or (a), (b) and (c)	lice me	£		BETWEEN ON	ATE INTERVAL NSET AND DEATH			
	IMMEDIATE CAUSE (a) 1000000 Control Guille										
	Conditions, il any, which (16) Me tostate concer-site of Punceton										
	gave rise to immediate	(b)	Mexama	ue and	me 91						
	cause (a), stating the underlying cause last	DUE TO, OR AS A	A CONSEQUENCE OF								
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT PELATED TO THE TERM	IN AL DISEASE OF CON	DITION GIVEN	IN PART I/o				
Z	TAKE 2 OF TEK STORE ICART	SONDITIONS CONTIN	BOTATO TO DEATH BOT	NOT KEEPIED TO THE TERM	INAL DISEASE OR COIL	DINOR ON EIT	IN TAKE TO				
CERTIFICATION	19a DATE OF OPERATION	19b CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED			
DE					YES TO NOT	IN CERTIFYING	G CAUSES C	OF DEATH?			
CERT	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR			OR PART 2)				
	OR CONTRIBUTING CAUSE OF DE		MONTH DAY YEAR 19								
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e. PLACE OF IN.		21f. LOCATION							
X	WHILE NOT WHILE ALWORK	(AT HOME, STREET, FAC	CTORY OFFICE FARM ETC)	STREET	CITY OR TO	,WN	COUNTY	STATE			
	22e. certify that (I) (this hasp	ital) attended the deci	eased from	10 59	10/5	10	84 11	nd (I) we) last			
	saw the deceased alive an	16/5	19 841 an	d that in (my) (our) apinian a	leath accurred an the d	ate and have an	d fram the co	<u></u>			
	above, (I) (we) (did) (did no	it) view the body after		DEGREE			77r. DATE S	IGNED/			
	1 also	+ 11	11	ATTENDING	MEDICAL STA		10%	104			
١.	22d. PHY SICIAN'S NAME (TYPE O	OR PRINT)	ans vi	PHYSICIAN DIRECTOR PHYSICIAN							
	ROBERT TANO M	1.D.		UNION MEMORIA	ΔΙ. ΗΛΩΡΤΤΑΤ						
23a	BURIAL, CREMATION, REMOVAL		123/ NAME OF C	EMETERY OR CREMATORY	123d LOCATION						
	(SPECIFY) D . 1	10/8/9/	C 1 11	14 0 1	CITY OR TOWN	· 1	YTAUC	STATE			
24 F	UNERAL DIRECTOR MC (U	111/0/04	LHome of P	ven lem. Park	FREC'D. BY REGISTRAR	THE FINAL	e Arun	del IIId.			
	Mountain and Ti				CT 1 0 4004	1 1 1	avidson-	Adandago			
_ '	nounced and 12	or near na	s. rusauen	1,100 Elle	OI I U NO	1		4			

DHMH - 16 50M 4/83 (VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH REG. NO 2s. DATE OF DEATH MONTH 75. HOUR 30 821 10 IF UNDER TYEAR AGE (IN YEARS LAST BIRTHDAY) IF LINDER 2 LHPS DAYS YEAR 13 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto, City DIVORCED [126. KIND OF BUSINESS OR 12s. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 5212 Kenilworth Ave. 21212 15. MOTHER'S MAIDEN NAME Chisholm Lula ADDRESS Kenilworth Ave Gilbert Scherer 5212 APPROXIMATE INTERVAL

JSE (0)	Acute	anlews	MI.	(Marshe)	
(b)	RAS A CONSEQUEN	ICE OF			
UE TO, O	r as a consequen	ICE OF			
ITIONS <u>CC</u>	ONTRIBUTING TO DE	ATH BUT NOT RELATED	O THE TERMINA	L DISEASE OR CONDITION GIVE	N IN PART 10

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO I YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

COUNTY STATE CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED

10

STATE

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Arbutus;

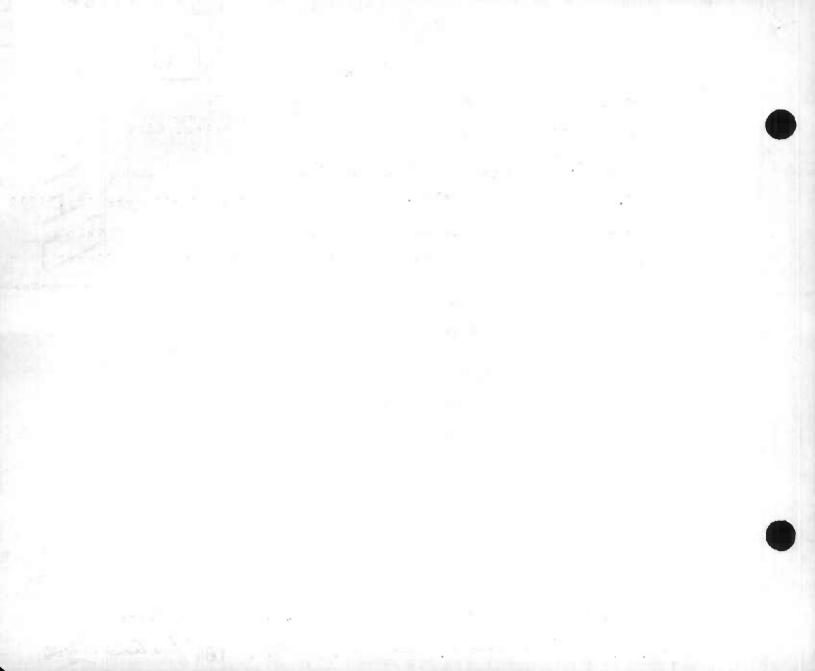
256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

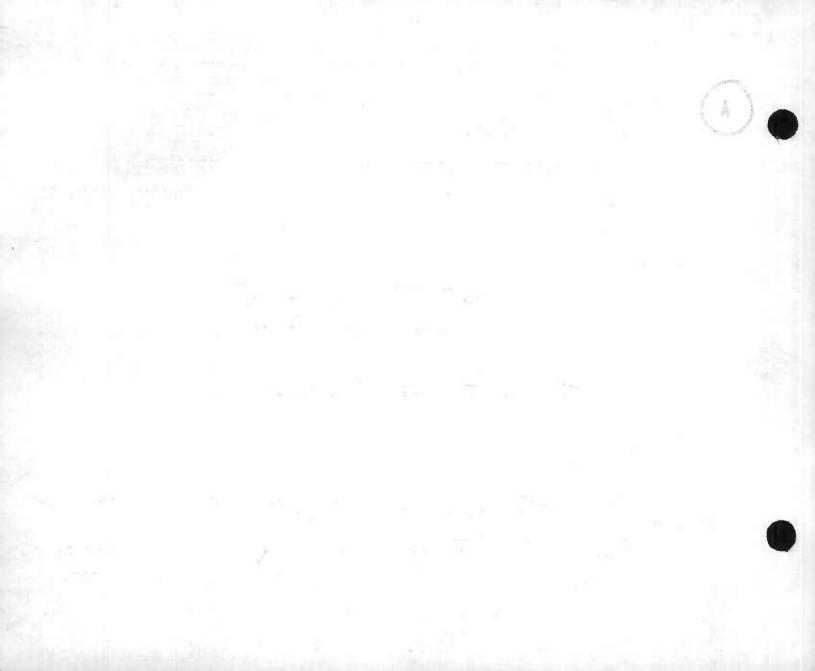
FOR - STATE

Wm. C. March F/H 1101 E. North Ave,



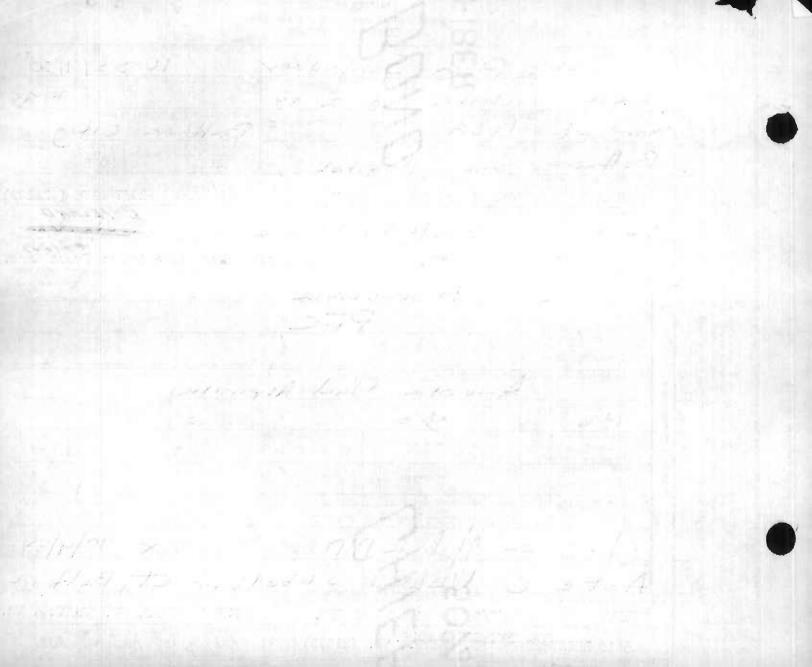
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIERE

FOR



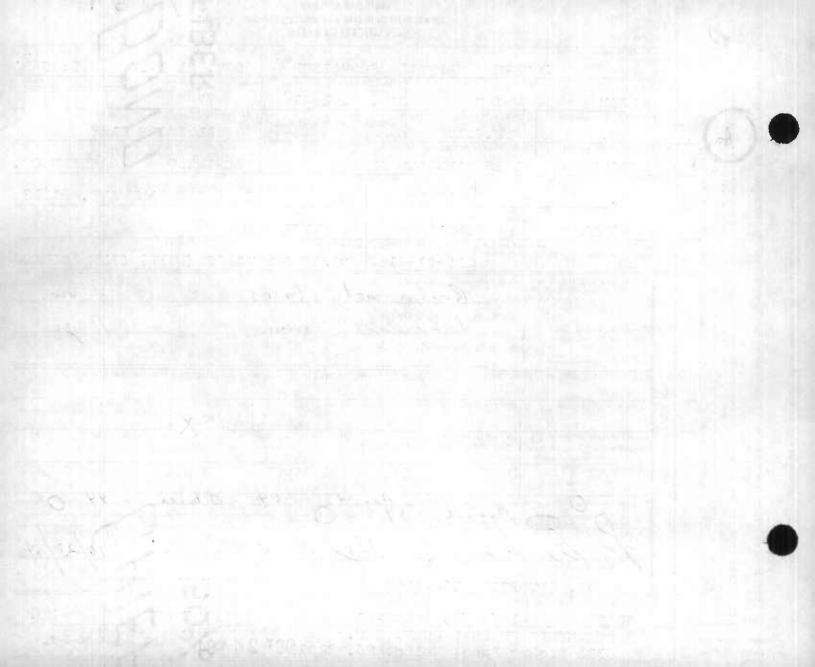
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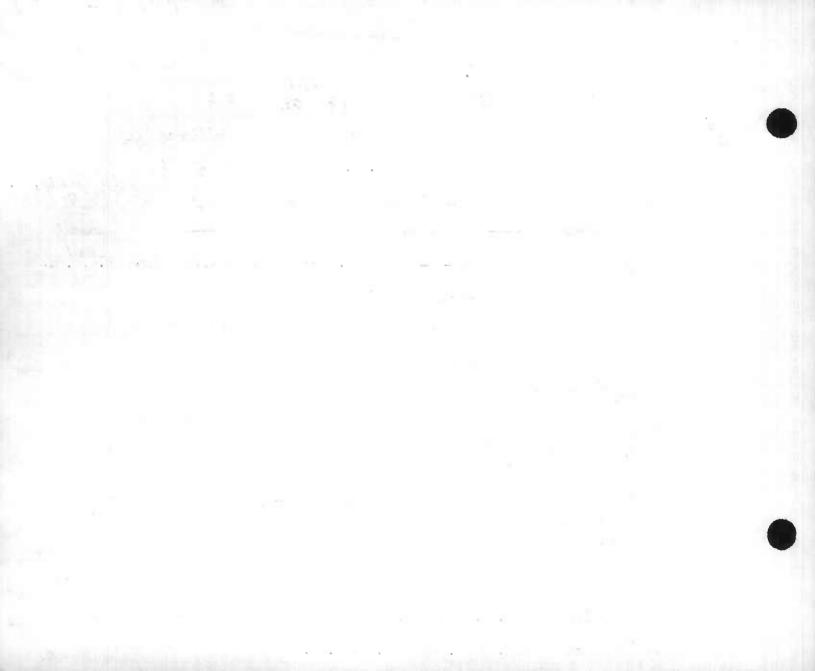
STATE OF MARYLAND



(VRA 15, 4)

STATE OF MARYLAND





10		FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARTICAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		
e ω €		CEASED NAME FIRST	MIDDLE		chmitt	Oct. 8.	1984	2b. HOUR
noy b	3. SE	Jame	4 RACE	5. DATE (6. AGE (IN YEARS LAST BIRT	-	R IF UNDER 24 HRS
A de A		Male	White		ril 8, 1913	71	YRS.	S HOURS MIN,
hera n 72		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED D	9. BALTIMORE CITY OF Balimo		MD
y the fur led within	10 C	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GM South Balto	NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE) 126. KIND HNDUSTR	OF BUSINESS OR
24 havra	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION) R TOWN LINOIRE	13d. INSIDE CITY LIMITS?	13 eSTREET ADDRESS /		H. 21230
mpletely front 2 sha	14. F/	ATHER'S NAME FIRST William	MIDDLE Sch	mitt	15. MOTHER'S MAIDEN NA	ME MIDDLE	Unknown	AST
n ond co		WAS DECEASED EVER IN U.S. AF	NE MAR OR DATES	18-0303	Mrs. Jona B.	Schmitt, San	ne as above	DXIMATE INTERVAL N ONSET AND DEATH
ING PHYSICIAN The law requires that the death certificate be executed within 24 haurs ratending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbanpapers. Pages found 2 shauld be fill than and Mental Phygiene prior to burial, cremation, or removal. orked as the medical experiment must be no orked or them 18 shows any injury, as other traumatic event, the medical experiment must be no orked or them 18 shows any injury, as other traumatic event, the medical experiment must be no orked or them.	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON 1b)	Cardi ISEQUENCE OF	NOT RELATED TO THE TERM	rction	DITION GIVEN IN PART	lta:
The law ran. In permit items any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
SICIAN T ng physici certificate urial-transi ental Hygi	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF MUJUR	Y IN ITEM 18 PART I OR PART 2)	
VG PHY: offer this frer this so the bu h and M nred ar	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
OR ATTENDI he hospital at DIRECTOR: A rached for use 5 Dept of Heal		276 SIGNATURE	on view the body after death.	0.11	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 5 122e ADDRESS	deoth occurred on the do	22c. DAT	that (II) (we) last ne causes stated TE SIGNED - 8 - 8 4
TO HOSPITAL retoined by the TO FUNERAL should be det with the State	720	BURIAL, CREMATION, REMOVAL	delman, M	D T33: NAME OF	GOO LIGH	t St Ba	Itimore,	MD 2123
BP		(SPECIFY) Burial	Oct. 11, 1984		Hill (emetery	Baltimon		pland
DHMH - 16 50M 4/83 (VRA 15 4)	124 F	dully Funeral.	Home, 130 E.Fo	Att Ave. B	atto 1 d. 250 DA	T 4 0 400 A	Julia Davidson	Aandell.

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STATE OF MARYLAND

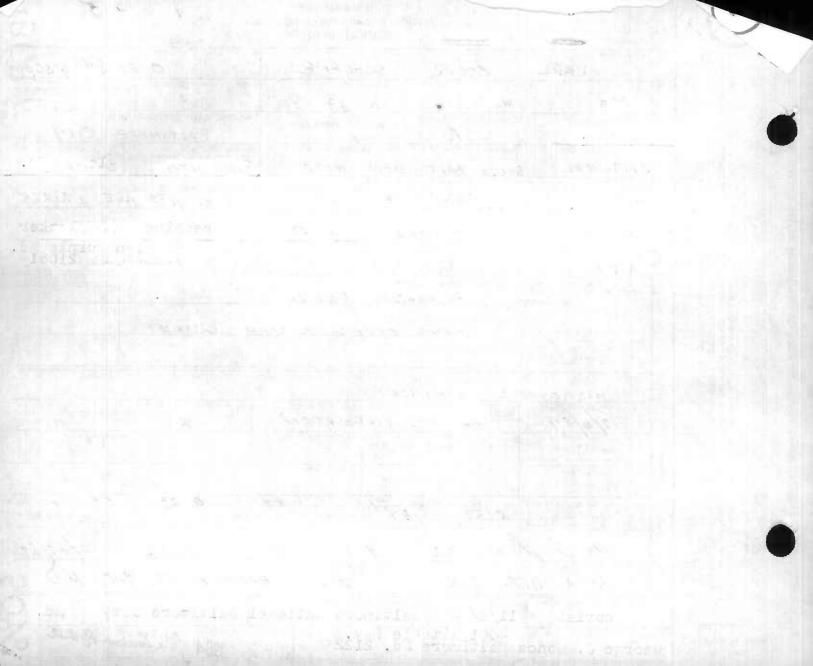
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO. 2a DATE OF DEATH MONTH 7b. HOUR . DECEASED NAME (TYPE OR PRINT) 10-28-84 PAUL PETER SCHMITT 6:47 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5 DATE OF BIRTH HOURS MONTH YEAR male caucasian -20 - 191866 yrs. YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED Md. USA WIDOWED DIVORCED [Baltimore City 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Frances Scott Key Medical Clerk Patapsco Back USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) River 113d INSCENTER'S? 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13e. STATE 13c. CITY OR TOWN Baltimore Md. NO [4602 Chatford Avenue 21206 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Samuel Schmitt Kutner Eva ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) same address WWII 213-09-1051 Doris N. Schmitt ves 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and,(c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NOF 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from, 19______, that (I) (we) lost saw the deceased alive on above, (I) (we) (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS Dr. Joseph D'Antonio Jr. 201 E. University Parkwy 23r. NAME OF CEMETERY OR CREMATORY 73d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN STATE (SPECIFY) 10-31-84 Parkwood Cemetery Balto., Md. Burial Schimunek Funeral Home, Inc.

21213

DHMH - 16 50M 4/83 (VRA 15, 4)

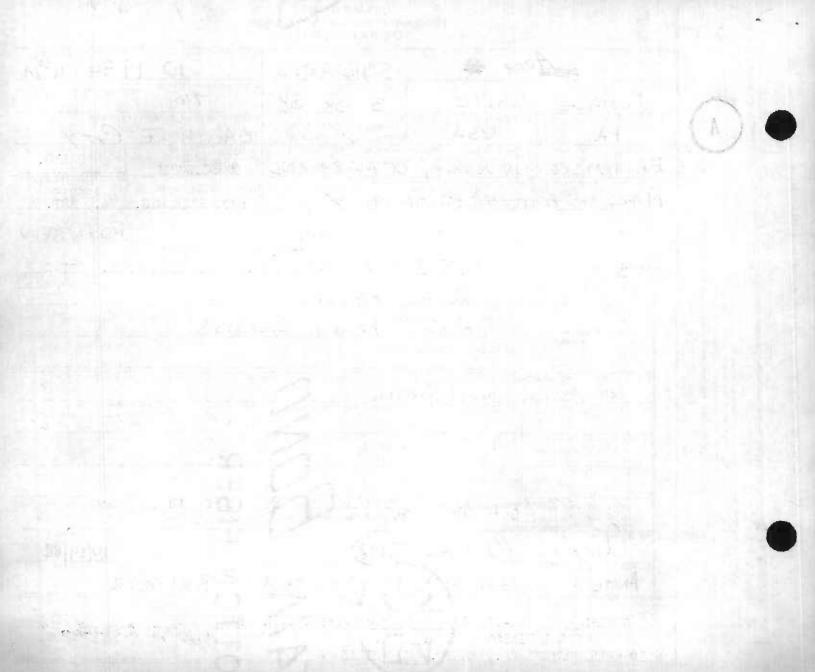




3 1	FOR - STATE REGISTRAR		E OF MARYLAND EALTH AND MENTAL I ER'S CERTIFICATE (HYGIENE 2 7 G	5 6	
	DECEASED NAME FIRS	· · · · · · · · · · · · · · · · · · ·	ROEDER	20. DATE KNOWN		2b. HOUR
	M 4 RACE	5 DATE OF BIRTH YEAR LAST BIRTHDAY	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	19	2d HOUR 3:05P
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A	MARRIED NEVER MARI	CED Baltimore		MD.
	Baltimore Bull RESIDENCE OF IN NURSING HO	11. NAME OF HOSPITAL, NURSING HOME, (IFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) 4535CLAREWAY OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	or other institution	FOR MOST OF WORKING LIFE) NEVER WORK	OR INDUSTR	
130	STATE 136 CC		134 INSIDE CITY LIMITS?	1.000	WAY 21212	5
0	FATHER'S NAME FIRST WILLIAM WAS DECEASED EVER IN U.S.	H. SCHROEDER ARMED FORCES? 166 SOCIAL SECURITY	15 MOTHER'S MAID FIRST	MIDDLE	SMITH	
1	(YES, NO OF UNKNOWN) (IF YES,	GIVE WAR OR DATES)	45 Mr. Richa	rd H. Ichroeder	bear Ni-	upnutt
2		iote (b)		ART 1 · a		
23	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?	NO X
8		OF DEATH P.M. 19		ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
200	216 INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		horge of the remains described above, held an latural causes X. Accident J., Sur	Autopsy , Inspection in the Inspection in the Inspection in the Inspect of the In	Undetermined monner .	DATE 10-16-8	4
2	SUBIAL CREMATION REMOV	Margarita A. Korell, M.D	. ADDRESS 111	Penn Street		
230	BURIAL	10-18-84 WESTE	RN CEM.	CITY ON TOWN	M -	ATE
H - (5))	NAME TO TOO	- 7527 Harland	Red OCT	T 1 8 1984 Suna	ISPRARIS SIGNAL LANGE OF LANGE	

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STATE OF MARYLAND

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
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T	3. SEX	(4. RACE 5. WHITE			5. DATE OF BIRTH MONTH 10 14 23		6. AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
-1		MALE							60			
	7a. BIR	RTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.			NEVER M	ADDIED K	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
7	Ma	aryland		U.S.	Α.	WIDOWE	DI DIV	ORCED	Baltimor	e City	7	MD.
/	10. CI	TY OR TOWN OF D	EATH		OSPITAL, NURS	ING HOME O	R OTHER INST		120. USUAL OCCUPAT	ION	126. KIND C	F BUSINESS OR
2		altimore			neran H		1		Claims Age	ent		rance Co
5	13a. S	AL RESIDENCE (IFNI STATE aryland	13b. COUN		Baltimo	WN I		NO 🗆	130. STREET ADDRESS 1233 Pine	Heigh	ts Ave.	21229
6	14. FA	THER'S NAME Richar		MIDDLE	Scot	t	15. MOTHER'S	MAIDEN NAM			Wij	k in son
1		(48 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (1F YES, GIVE WAR OR DATES)			166 SOCIAL SEC	CURITY NO.	17. INFORMANT ADDRESS 21228					7 E1-
	(1				216-16	-9062	Ruth E	. Schl	osser 6643	ser 6643 Frederick		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate Lib. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APP										ONSEL AND DEALE
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7	CERTIFICATION	190. DATE OF OPERATION 196. COND			ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSES		
7		216. ACCIDENT WAS LONG OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH	. MONTH DAY YEAR			RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED 21e. PLACE C						CITY OR TOWN COUNTY			STATE	
		220.1 certify that (1) (this hospital) aftended the deceased from 9-27-84, 19, to 10-13										
		276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DECEMBER ATTENDING MEDICAL STAFF								226. DATE	. 13.84	
		5/55HY AWARE (TYPE OR PRINT) 220 ADDRESS Julker HOS Rife								Refet	0	
	10	SURIAL, CREMATION SPECIFY) Crema		23b. DATE 10/16			emetery or c y Proce	SS	Catonsvi		a îtimoı	e Md.
-		JNERAL DIRECTOR				ADDRESS 21229 250 DAL 4107 Wilkens Ave.			ATE RECID. BY REGISTRAN 256. REGISTRAN'S SIGNATURE			

DHMH - 16 50M 4/82-(VRA 15, 4)

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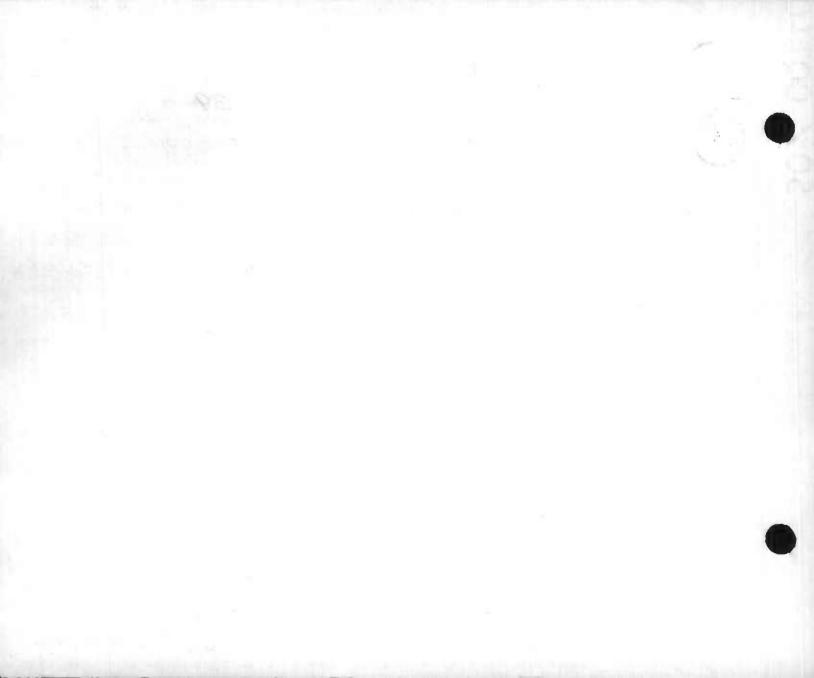
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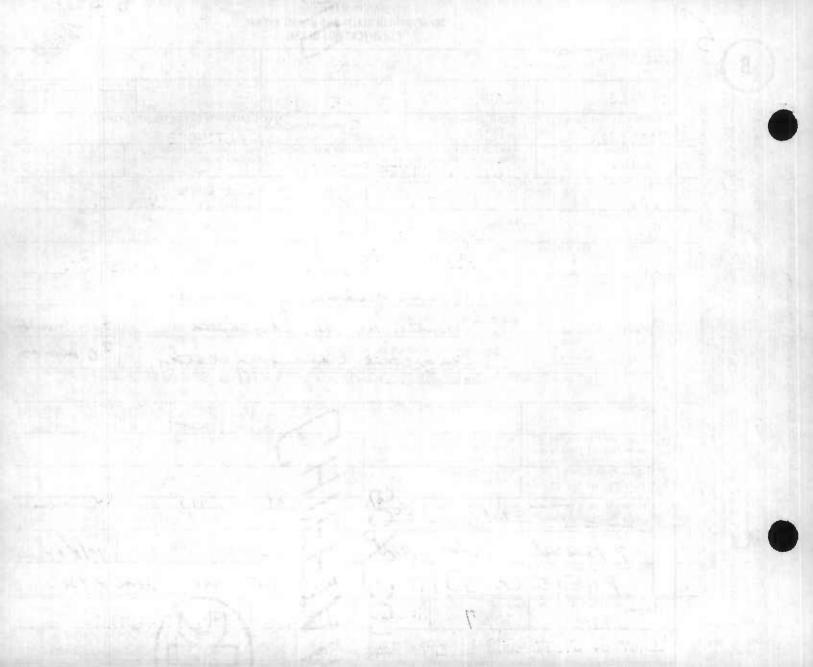
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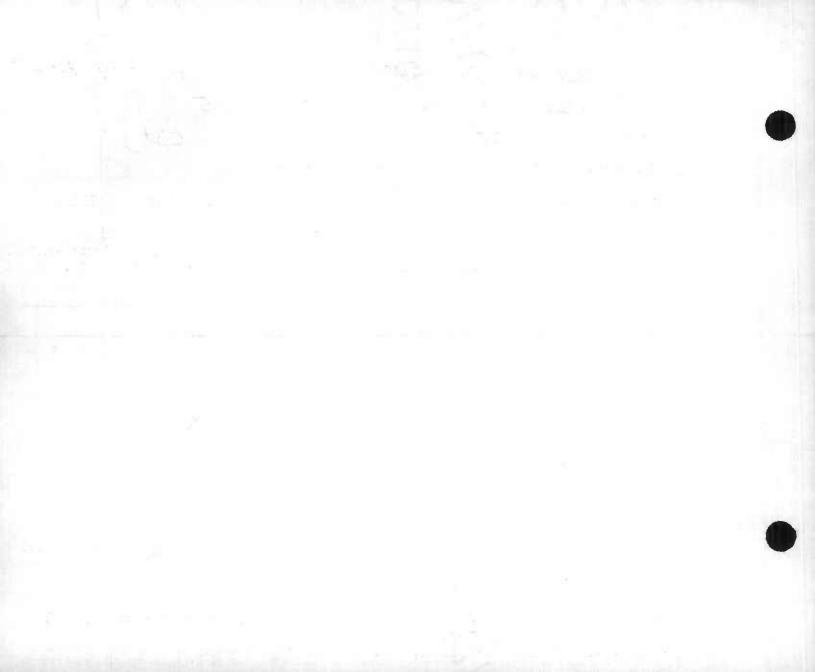
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

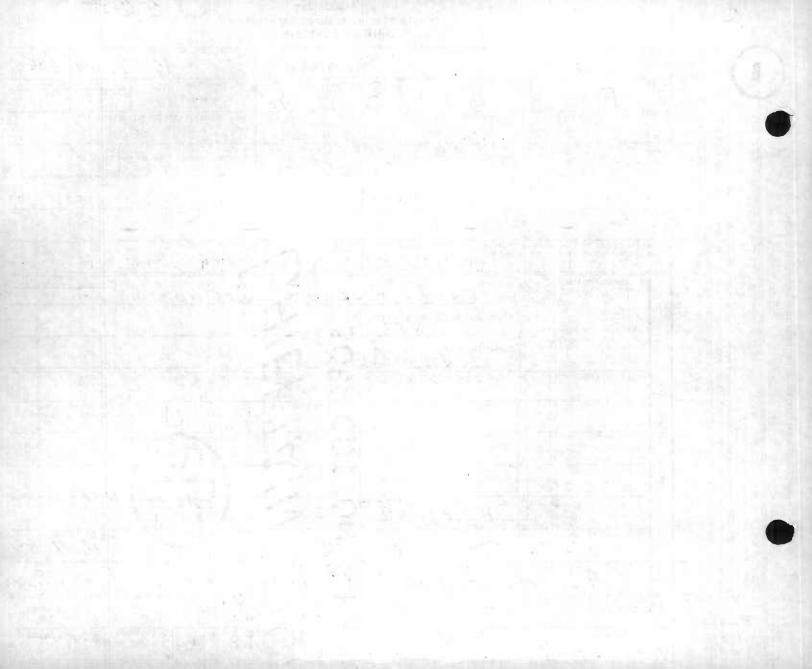
CERTIFICATE OF DEATH

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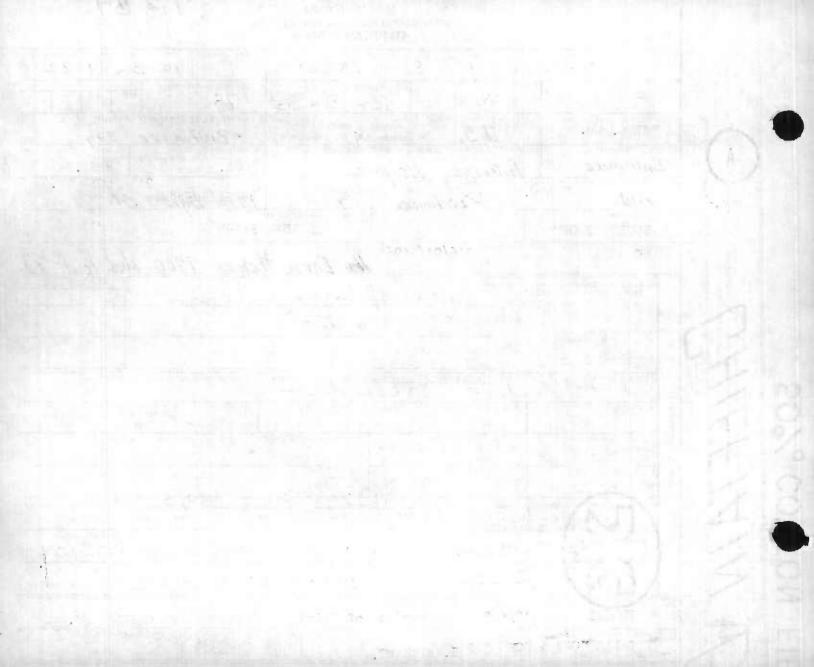
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
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Fage 4 r	70. B	RTHPLACE (STATE OR FOREIGN	W MONTH DATS HOURS M 1/2 - 1/3 - 0.5 78 YRS. MONTHS DATS HOURS M 1/6 CITIZEN OF WHAT COUNTRY? 8
1	1	BATTO. Md.	MARRIED NEVER MARRIED PORTION 126. USUAL OCCUPATION 126. KIND OF BUSINESS
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tilled booled by	13a.	AL RESIDENCE I IF NURSING HOME OF	DALIMORE YES NO 13d. INSIDE CITY LIMITS?
d and	14. F.	AUGUST BROWN	MODLE LAST GERTTUDE PEARL METER LAST
ond co Poges	160	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 10216/04/2496 17 INFORMANT Thomas 7700 High Point
ines that the deoth certificate gned by the attending physicis on please remove corbonopper buriol, cremation, or removol.		Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT.	DUE TO, OR AS A CONSEQUENCE OF METASTES DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
N: The law requirysicon. cate has been si constituent The Hygiene prior to 18 shows any injuly	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO
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O HOSPITAL OR A ceroined by the ho TO FUNERAL DIRE should be detached with the State Dept MAPORTANT: if ten	9	MUS 7 22d PHYSICIAN'S NAME (19PE) MUH T	Towng MID ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10/3/84 ORPRINTI DUNG 220 ADDRESS LUTHERAN HUSPITAL
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DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	NADELLA NOCE	& SCNS 322 S ADDRESS OCT 4 1984



STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

27368

	REGISTRAR	CEI	RITIFICATE OF DEATH	REG. NO.						
	1. DECEASED NAME FIRST (TYPE OR PRINT) BA	BY GIRL	SERIO	2a. DATE OF DEATH MONTH DA 09 2	10 110011					
	3. SEX FEMALE		ATE OF BIRTH 1984		ONTHS DAYS 12 43					
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 10. CITY OR TOWN OF DEATH BALTIMORE	IISA WIE	ARRIED NEVER MARRIED X DOWED DIVORCED DIME OR OTHER INSTITUTION STINS HOSPITAL	9. BALTIMORE CITY OR COUNTY CE BALTIMORE CITY 120. USUAL OCCUPATION 117PE OF WORK FOR MOST OF WORKING LIFE)						
2	USUAL RESIDENCE (# NURSING HOME O 13a STATE	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS	DD 13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA		21040					
7	160, WAS DECEASED EVER IN U.S. AI		CARMALE 17. INFORMANT CARMALE	ADDRESS	ABOVE					
		DUE TO, OR AS A CONSEQUENCE (b) 174 POX 1 & DUE TO, OR AS A CONSEQUENCE (c) 100 DEATH	OF Doplasia Rena	Ldysplasia. Ainal disease or condition give	30 hours					
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER								
7	OR CONTRIBUTING CAUSE OF DE FETHER NOTE MEDICAL EXAMINE Charles Not Market Note	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, E) 21tol) attended the deceased from	(EAR 19 211 LOCATION STREET 23 19 84	city or town to Sept 25 19 death occurred on the date and hour of the	thour and from the couses stated 22c. DATE SIGNED 212 5 8 4					
		22d PHYSICIAN'S NAME ITYPE OR PRINT C. T. Chiaviello 220 ADDRESS THH 6005 Wolfe St 15								
	CREMATION		НН	BALTIMORE, 1						

DHMH - 16 50M 4/B3 (VRA 15, 4)

UNERAL DIRECTOR NAME

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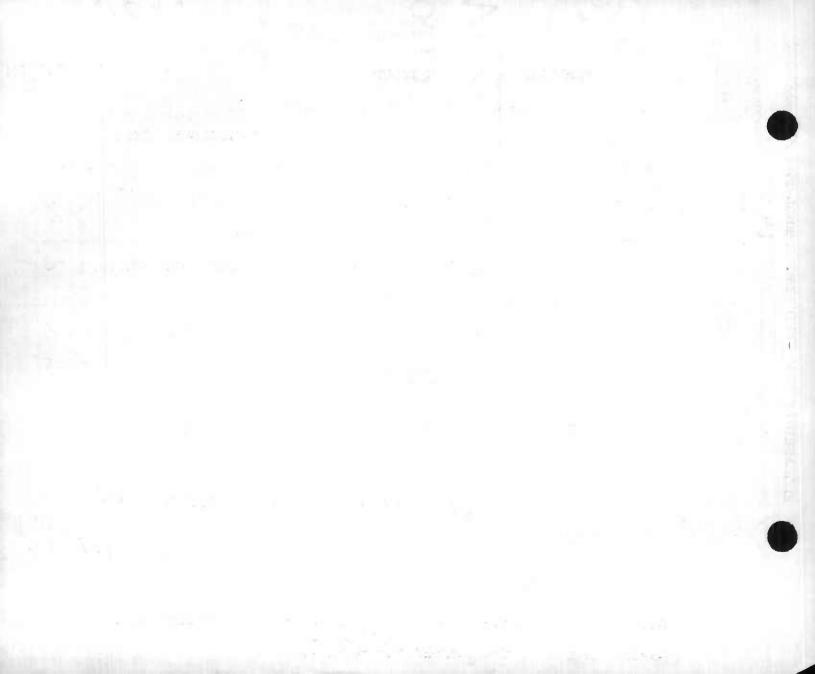
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(VRA 15, 4)

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n	1	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL H ICATE OF DEATH		370	
1 11		CEASED NAME FIRST OR PRINT]	MIDDLE B	. SES	AST		MONTH DAY YEAR	26. HOUR 9/5 PM
0	3. SE	Female	White		of BIRTH 1892	6 AGE (IN YEARS LAST BIRT	YRS.	
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the state of the s		Baltimore AL RESIDENCE (IF NURSING HOME C	Francis S	cott Key		(TYPE OF WORK FOR MOST OF	WORKING LIFE INDUSTRY	of Business of
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omplete ond 2 ond 2		August	Joseph	Hoffman	FIRST	MIDDLE	? "	AST
on ond c		VAS DECEASED EVER IN U.S. A YES, NO GRUNKNOWN) (IF YES, G		OCIAL SECURITY NO. 14-16-870		galtimoreopre y E. Bell-	717 Beave	
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The low recion. The hos beet the hos beet sit permit glene prior		190 DATE OF OPERATION		FOR WHICH OPERATION		200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [S OF DEATH?
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by the hose ERAL DIRE e detochec Store Dept		221 SIGNATURE	ph	NO	DEGREE ATTENDING PHYSICIAN 122e ADDRESS		FL	'E SIGNED
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DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR John NAME OO E. Baltin	A. Moran	, Inc. Fu	neral Hom	T 2 4 1984	AL REGISTRATES SIGN	SHIP

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11/02/1984 Liston aroda detainant 2501 CHYDRYS BALLS BARKWAY BARRAL ROYS INC. BALATRONS, MERLAND 21216

FOR - STATE REGISTRAR

74 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7b. HOUR

12b. KIND OF BUSINESS OR

DIETRICH BROS.

21061

IF UNDER 24 HRS

F UNDER 1 YEAR

INDUSTRY

Manning

COUNTY

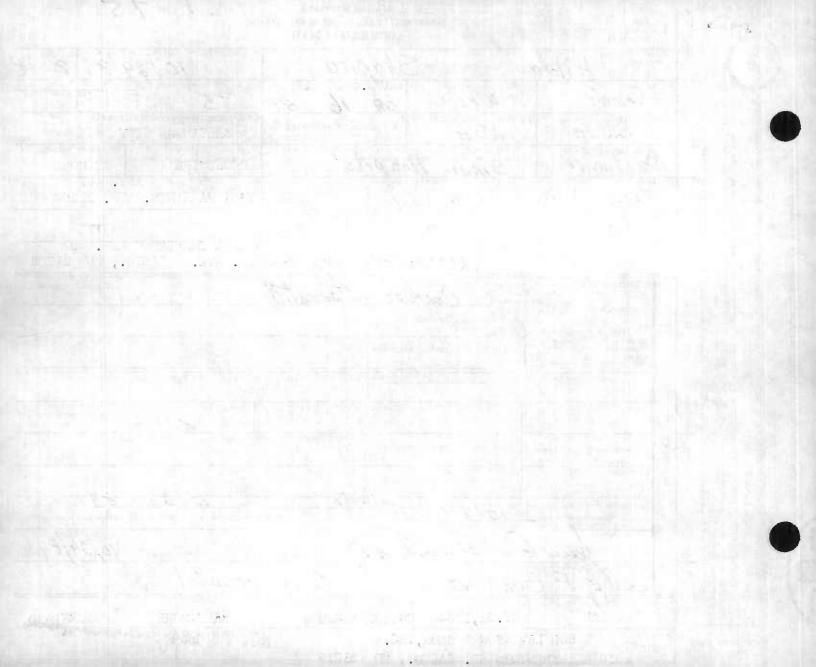
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22c. DATE SIGNED

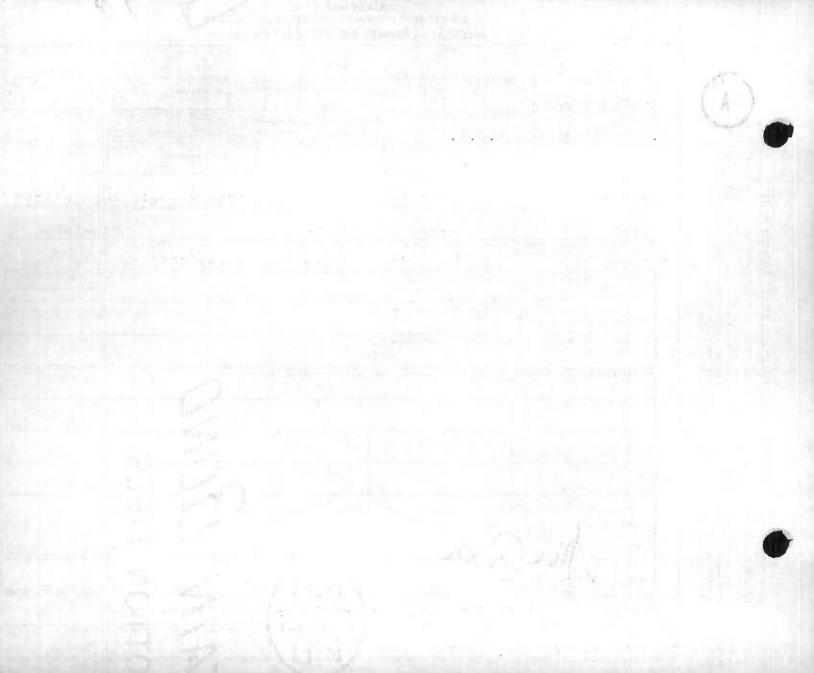
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1		REGISTRAR		MED	ICAL EXA	MINER'S	CERTIFICATE	OF DEATH	REG. NO			
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A.E.O.	0.56	X 4. RA	CE 5.	DATE OF BIRTH	6. AG	E (IN YEARS IF U		R 24 HRS. 2c. D			DAY YEAR	2d. HOUR
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AND AND RECO		aryland			Balti		YES X NO		Sequoi	a Ave	enue21	215
0 00 0 0 0		ATHER'S NAME	THE PARTY.				15. MOTHER'S MAIL					
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SALTIMORE, MD. RS. AFTER DEATH GUVE PAGES 1, 2 VITH FORM PW. 3 VITH FORM PW. 3 VITH SON PW. 3 VITH SON OF VITA	1 1	YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR		27./				2716	C		CO. 7
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DIVISION OF VITAL RECORDS, 201 W. PRESTON S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 FRITING THE WORD "PENDING". IN PENCIL IN ITER ROPED TO THE CHIEF MEDICAL EXAMINER ALCA PER 3 SHOULD BE USED AS A BURRAL- TRANSIT PER E DEPARTMENT OF HEALTH AND MENTAL HYGIEI OI PRIC TO ELIE! AL., CRE. ATION, OR REMOVA	-	PART 2 OTNER SIGNIFICA	NT CONDITIONS CON		UT NOT RELATED TO T	HE TERMINAL OISEA	SE OR CONDITION GIVEN IN	PART 1 (a).				
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VITAL RE SHOULD ORD "PEI CHIEF AV E USED A I OF HEA I OF HEAL, C	13	190 DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED?				20 AUTOPSY	,
F SSENCE	5] £	100									YES 🗆	NO X
S CERTIFICATE SHOULD STRITING THE WORD "FE RDED TO THE CHIEF A E3 SHOULD BE USED. E DEPARTMENT OF HE OI PART TO ELLICAT.	CERTIFICATION	21a EXTERNAL CAL		216. TIME OF	INJURY MONTH DAY	VEAD 216 H	OW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18 P.	ART 1 OR PART 2	2)	
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DIVISION CARE THIS CERT CATE, WRITING CATE, WRITING CATE, WRITING TOR: PAGE 3 ST THE STATE DEPARAND, 21201 PM	星		WHILE	STREET, FACTO	ORY, FARM, ETC.]		STREET	CITY OF	TOWN	COUNT	TY	STATE
RETAINER TO SEE THE SE		22a 1 6. Ab	I tool above o	f the remains desc	ribad abaua bal	dan Autor		ion X, Inqu				
A S S S E S S										d in my apini	ion	
SHE SHE	-	death resulted fro	Natural	causes X,	Accident	Suicide	, Hamicide	Undetermined	manner [,			
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AESAE"		SIGNATURE	W	NX	1	/	M.D. ASSISTA	int MEDICAL EX	AMINER	SIGNED.	10-6-84	<u>+</u>
ME 4 ME	1	EXAMINER'S NAME		0 7							2122	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PORTOR OF A SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)		Dixon,				Penn St.		, Ma.	21201	
BAT PET		URIAL, CREMATION,					OR CREMATORY	234 LOCATIO	N 1 1	COUNTY		ATE
BP_		BURIAL	1	0/15/84	King	Memor	rial Park		11stow	n,	Md	•
DHMH - 17	24	UNERAL DIRECTOR		ADDRESS		3.	25a. DATI	E REC'D. BY REGIS	0			
(VR A15 ME (5))	Wm	C March	F/H I		DI E No	rth Av	venue !!!;	1 1 1984	1 1. 1.	widson	Randale	
20M 4/82						2011 11	011001					



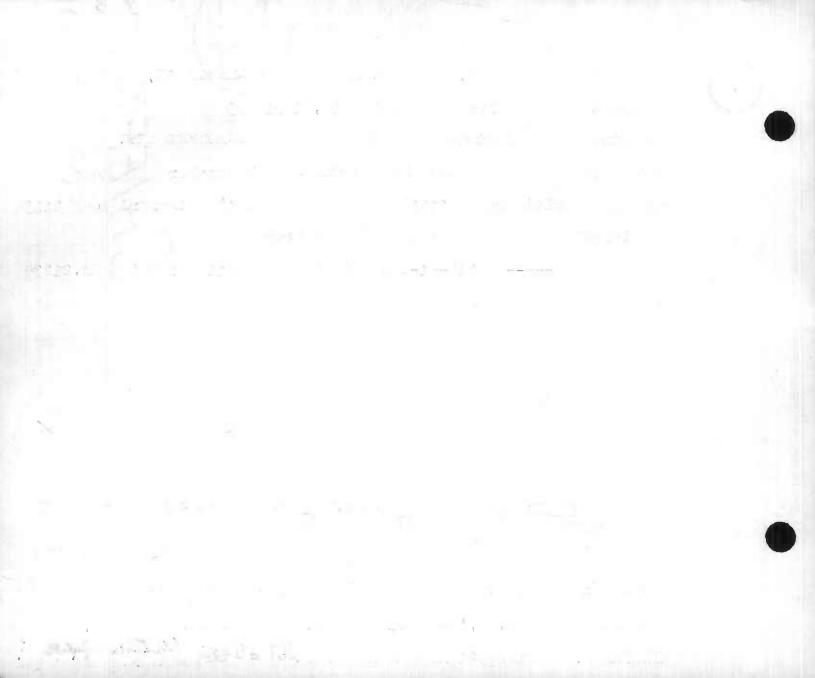
STATE OF MARYLAND

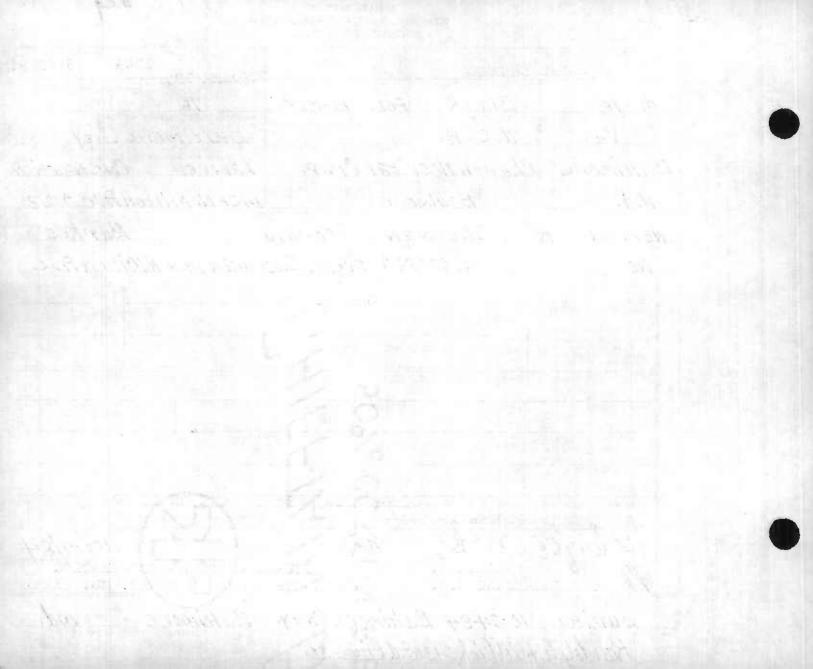
FOR

(VRA 15, 4)



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENCAL HYGIENE

-	1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH		. NO.		ť
		CEASED NAME OR PRINT)	PIRST		B.		HETTLE	10 08	184 184	DAY YEAR	106A M
		Male		White		S. DATE O	mber 6,1929	6. AGE (IN YEARS LAS	YRS.	FUNDER 1 YEAR	HOURS MIN.
5	Ma	RTHPLACE (STATEORFO COUNTRY) aryland		76. CITIZEN OF V	4.	WIDOWE		9 BALTIMORE CIT BALTIMORE	CITY		MD
4	BA	LTIMORE CI	ry	UNION ME	EMORIAL	HOSPIT	R OTHER INSTITUTION	120 USUAL OCCUP		12b. KIND O INDUSTRY Carlin	F BUSINESS OR
1	13a S Ma	aryland	NG HOME OF		131. CITY OR TO Baltin		13d INSIDE CITY LIMITS? YES NO [130 STREET ADDRES	S/ZIP CODE	Ave	21206
0	14 FA	Charles			hettl [®]		15 MOTHER'S MAIDEN NAM Adá	MIDDL	Mo	cGarvey	Ī
		VAS DECEASED EVER I		MED FORCES? E WAR OR DATES) CEAN	212-28-		Mrs Luella		DRESS Same		
	NOIT	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	which rediote g the lost.	DUE TO, OF		UENCE OF	oriest sepsis?/tan			EN IN PART IN	
	CERTIFICATION	190 DATE OF OPERAT		196 CONDI	TION FOR WHIC	.H OPERATIO	n was performed	YES NO[IN CERTIF	, WERE FINDI YING CAUSES S	
)	MEDICAL CER	21g, ACCDENT WAS UNDIGOR CONTRIBUTING CAN CHEETING NOTIFY MEDICAL CONTRIBUTION CONT	AUSE OF DE ALL EXAMINER ED (this hospide in the interpretation of	21e. PLACE (AT MOME STR tal) attended the	M. MONTH M. DF INJURY EET FACTORY, OFFICE e deceosed from 19	E FARM ETC)	211 LOCATION STREET 211 LOCATION STREET 19 8 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS UNION MEMOR	death occurred on the	e dote and hour	COUNTY	A WAY
		ROP BURIAL, CREMATION, P SPECIFY)	BERT REMOVAL		M.D.		EMETERY OR CREMATORY	23d. LOCATION		NACHINITY -	STATE
		Burial JNERAL DIRECTOR		10-11-	84	Gardne	es Of Faith	Bal't'1 MC		Marylar RAR'S SIGNAT	na

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shaws any

should be detached for use os with the State Dept of Health

Leonard J Ruck Inc. Baltimore, Maryland

DCT 9

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Tia Davidson Randalle 8-212

1	SE X	ZO1	RA I4 RACE	Sh	OF BIRTH	20 DATE OF DEATH OCTO 6. AGE (IN YEARS LAST BIR	er 1/	YEAR 26. HO
)	F	emale	White		ec. 24 1891	92	YRS	DAYS HOURS
8	We	THPLACE ISTATE ORFOREIGN Stry Virginia	76 CITIZEN OF WHAT C	WIDOV	NED NEVER MARRIED NEVER MARRIED DIVORCED	Baltimore CITY O	0	EATH
		YOR TOWN OF DEATH			edical Center	120 USUAL OCCUPATIONS WITHOUSEWIFE		KIND O BUSIN
35	SUA lo. SI	RESIDENCE (IF NURSING HOME C ATE ATYLAND		DENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	130 SPASS ADDRESS	land Ave	21205
350	FAI	HER'S NAME David	*Heckert	LAST	15. MOTHER'S MAIDEN NA			LAST
nedicol	a W {YE	AS DECEASED EVER IN U.S. A S. NO OR UNKNOWN) (1E YES, G	DIF LIVED ON D. SEC.	2 80 1112	John Shaffer	, Son 7 J	ames St.	Balto 2
ony injury, or oth	The street is a street in the street is a street in the st	underlying cause last. PART 2 OTHER SIGNIFICANT 90 DATE OF OPERATION			UT NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WER	E FINDINGS USI CAUSES OF DEA
a s C		710 ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR HOUR A.M. MO	ONTH DAY YEA		RED (ENTER NATURE OF INJUS	YES THE TEM TEM TEM TEM TEM TEM TEM TEM TEM TE	NO PART 2)
Hygiene 18 shows		OR CONTRIBUTING CAUSE OF DE	P) PM	10				
h and Mental Hygiene p			21e PLACE OF INJU	JRY ORY, OFFICE FARM ETC	211 LOCATION STREET	CITY OR TO	wn cc	VIAND
or Item	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE II INJURY OCCURRED	21e PLACE OF INJU	JRY ORY, OFFICE FARM ETC	211 LOCATION STREET	to	19 S ate and have and f	, that (l)

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE

REGISTRAR

Catherine W. Shipferling, Same APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH meso PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (www.our) opinion death occurred on the date and have and tram the couses stated 22c. DATE SIGNED 3222 St. Paul St., Balto., MD St. Thomas' Vet. Garrison Forest, MD 24 FUNERAL DIRECTOR Henry W. Jenkinson & Sons Co. 4905 York Road Balto., MD 21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -2

CERTIFICATE OF DEATH

2h HOUR

12b. KIND OF BUSINESS OR

U.S. Army

21212

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

(VRA 15, 4)



Signed

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou	retained by the haspital or attending physician.
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	1-	FOR STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTA RTIFICATE OF DEATI		27	380	
		CEASED NAME FIRST OR PRINT) VAMES	MIDDLE	S	hock Sp	2		10 - 3 &	
	3. SE>	male	4. RACE			31	es last birt	YRS	DAYS HOURS M
35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	MA	RRIED NEVER MARRIE	ED L	A Ho.	COUNTY OF DEAT	TH
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mutst be		AL RESIDENCE (# NURSING HOME O	NTYSA 130 CI	TAR TOWN	YES NO (AITS? 13e.STRE	EI ADDRESS	Monte bel	6 Terras
Cominer	14 FA	THER'S NAME FIRST LANK S	MARKAL	Shock	15 MOTHER'S MAID FIRST	EN NAME WHILL	ROSE L	VIH MEISTE	LAST R
medicol	160 V		RMED FORCES? 166. SO	16 07-2	17. INFORMANT	u Men	and a	ER Sleex	1
vent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane couse per line for ED BY: TE CAUSE (a)	MYOC	ARDIAL I	Ascha)	A BET	PPROXIMATE INTERVAL WEEN ONSET AND DE
jury, or other traus	Z	Conditions, if any, which gave rise to immediate cause (a), stafing the underlying cause last. PART 2. OTHER SIGNIFICANT	, (c)	CONSEQUENCE	+DDC/mirasl	Arenysm He terminal dis	E ASE OR CON	DITION GIVEN IN PA	RT tra
lui kuo smc	CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPER	ATION WAS PERFORMED	20a A	UTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
em 18 sh		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	WIR	RY NONTH DAY Y		OCCURRED (ENTI	R NATURE OF INJUR	LY IN ITEM 18 PART I OR PA	RT 2)
ked or h	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ET	211 LOCATION STREET		CITY OR TO	WN COUN	TY STATI
					0176	00	10 7	9	F 11 11 11 11 11
em 21 is mad		22a.1 certify that (1) (this hosp saw the deceased alive or abave, (1) (we) (did) (did no	1015	- 19 84	, and that in (my) (aur) (apinion death acc	urred on the do		
TANT: If them 21 is mark		saw the deceased alive or	1015	- 19 84	DEGREE ATTEN PHYSIC 122e ADDRESS	DING MEDIC		22c.	
tem	73a F	saw the deceased alive or abave, (I) (we) (did) (did n	H. Ho	19 E4 We MO	DEGREE ATTENI	DING MEDIC	AL STAF	22c.	m the causes stated

DHMH - 16 50M 4/83 (VRA 15, 4)

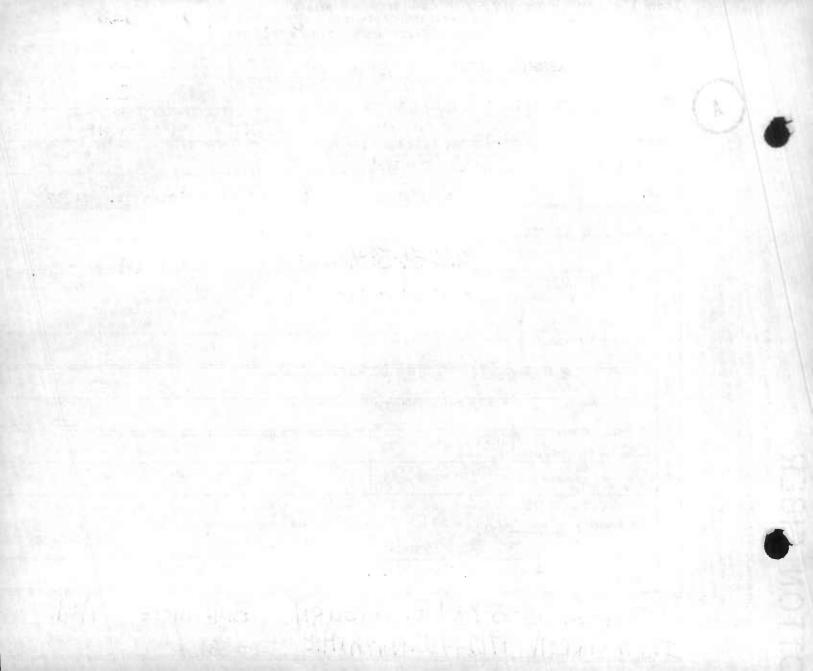
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		ASED NAME	FIRST		WIDDLE			LAST			20 DATE I	CCTI L		DAY YEAR	26 HOUR
			JOHN		R-			IMMONS	1	2.	DEATH	MATED }		171984	
3.	SEX	4 RAC		S DATE OF BIRTI	YEAR	6 AGE (IN YE		DER 1 YR.	IF UNDER		2c. DATE	CED*	MONTH	DAY YEAR	24 HOUR
		M M		12-21-			RS.		The last		DEAD		10	17 1984	11:05 a M
70	BIR	THPLACE (STATE OR		76 CITIZEN OF V	WHAT COUN	TRY?	8 MARR	IED NE	VER MARRI	ED 🗌	9 BALTIM	ORE CITY	OR COUNT	TY OF DEATH	
4		JVBAFUM		U.	5 - A		WIDOW		DIVORCI				e City		MD
D	CII	OR TOWN OF DE		11. NAME OF HO	FACILITY, GIVES	TREET ADDRESS)	,	IER INSTITU	TION	FOR M	AL OCCUP	KING LIFE)		OR INDUS	TPV
1		Baltimore		227 N.						B	LACK	SMI	TH	STABI	7
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114	FAI	HER'S NAME FIRST	0	MODIE		LAST			R'S MAIDE			DDIE		LAST	
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16	(YES	NO OR UNKNOWN)		WAR OR OATES)				Mari	JAR	. Such	ADAM PA				1221
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		PART I DEATH W	H (Enter onl	y ane cause per li BY:						7	7.5			BETWEEN ONS	ET AND DEATH
				E CAUSE (o)	Arteri			cardi	Lovasc	cular	dise	ease_			
		Conditions, if	ony, which	DOE 10, C	AS A CON	SEQUENCE	Or								
		gove rise to couse (a) stating		(b)	R AS A CON	SECHENICE	OF								
		lying couse last	7110 011041		AS A COIN	SEGOENCE	OF								
	1	PART 2 OTHER SIGNIFICAN	T CONDITIONS	(c)	H RUT NOT PELA	TED TO THE TER	MINAL DISEAS	F OR CONDITION	N CIVEN IN PAI	111.0					
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	ĕ ŀ	190 DATE OF OPER	ATION	19b CONE	DITION FOR	WHICH OPE	RATION W	AS PERFOR	MED?					20 AUTOPS	Y?
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,	1 1	110 EXTERNAL CAU			OF INJURY	DAY WE		OW INJURY	OCCURRE	DENTERN	ATURE OF INJ	URY IN ITEM 1	B PART 1 OR PA		
		INDERLYING	OR CAUSE OF D		M. MONTH	DAY YEA	K								
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1		WHILE AT WORK AT W	WHILE C	STREET, FA	ACTORY, FARM, E	IC.}		or week			CITY OR TOV	٧N	CO	UNTY	STATE
				e of the remains d	escribed ab-	ve hald as	Autop		Inspection	X,	Inquiry		nd in my ap	ining	
		death resulted from		al causes X,	Accident		vicide	,			rmined mo		na in my ap	anion	
		Geam resolved from	Δ	Courses Fig.	Accident	LJ, 31	orcide []	TITLE (S		Undere	mo mo	mier	,		
1		ACTUAL SIGNATURE	W	120	N		AA	.p. Assi		MEDI	CAL EXAM	INIED	DATE	10-17	-84
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4		XAMINER'S NAINE TYPE OR PRINT)	Ann I	M. Dixon	, M.D.	V 13		ADDRESS 1	11 Pe	nn S	t., B	alto.	, Md.	21201	
23		RIAL, CREMATION, F	EMOVAL 2	36 DATE		NAME OF CE		R CREMATO	ORY		CATION		\ ,cour		STATE
		BURIO	L 1	10-20-8	4 0	EDAL	२ मा		EM.			TO.	MD.		
24	J.	VERAL DIRECTOR	0.0	ADDRE	55	\	0.		25a. DATE R			R 356 REC	Davidson	ACADO A	2
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BALTO X 227 N MILTON AVE Server when it was to have to have the first to have the server of the s

A	1-	FOR STATE REGISTRAR		TMENT OF HEAL EXAMINER'S	TH AND MENTAL HY	DEATH REG.		
0 E		CEASED NAME FIRST MANS	SELL BRUCE	SIMM	S	20 DATE KNOWN OF ESTI- DEATH MATED	10-9-84 19	HOUR
7	3 SE	LE BLACK	S DATE OF BIRTH MONTH DAY YEAR 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		UNDER TYR. IF UNDER 2	4 HRS 2c. DATE PRONOUNCED DEAD		: 10/
1	7a B	RTHPLACE (STATE OR IREIGN COUNTRY)	TI S	WIDO	RRIED NEVER MARRIED	X Balti	more City	MD.
39		Baltimore AL RESIDENCE IN INVESTING HOME	11. Name of Hospital, N (IF NOT IN SUCH FACILITY, GIVE Provident	Hospital	THER INSTITUTION	FOR MOST OF WORKING LIFE)	TYPE OF WORK 126 KIND OF BUSINE OR INDUSTRY	ESS
SKITAL RECORDS 201 V	130 N	DIE 136 COUR	OR OTHER INSTITUTION, GIVE RESIDEN	LTIMORE		3. STREET ADDRESS 1804 Applet	on St. 21217	
d	J	ATHER'S NAME FIRST AMES LEO SIM		LAST		ONES	LAST	
DIVISION OF A	()	VAS DECEASED EVER IN U.S. AF ES NO, OR UNKNOWN) (IF YES, GIVI NO	EWAR OR DATES)	1-36-388	CAROLYN J	OHNSON 180L		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IS 1 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Canditians, if any, which gave rise to immediate cause (a) stating the <u>under lying cause last</u> . PART 2 OTNER SIGNIFICANT CONDITIONS	(c)		ASE OR CONDITION GIVEN IN PART	I (a).		
JRIAL, CI	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOI	R WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES XX No	10 🗆
NOR TO BU	MEDICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTI DEATH P.M. 21e. PLACE OF INJUR	H DAY YEAR	HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM		
	MED	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM		STREET	CITY OR TOWN	COUNTY	STATE
BALTIMORE, MARYLAND, 21201 PR			ge af the remains described ab oral causes XX, Acciden		apsy N. Inspection Hamicide ASIST SPFSTYT M.D.	Undetermined manner MEDICAL EXAMINER	and in my opinion DATE SIGNED	
TER DE		EXAMINER'S NAME (TYPE OR PRINT)	rgarita A. Ko	rell,M.D.	111	Penn STreet		
	7	BUL A	10-13-84 R	THE AU	OR CREMATORY OURN	BALLIMON	E COUNTY M & STATE	
HMH - 17 A15 ME (5))	24 F	EVIN CARPO	170gs 14	W. North	AVE OCT 1	C'D. BY REGISTRAR 850, RE	GISTRAR'S SIGNATURE	



MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 120. USUAL OCCUPATION 121 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 820 Walnut Ave, 21229 LAST **ADDRESS** 215-22-1936 Beatrice Hawkins 6612 Parr Avenue APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

IN CERTIFYING CAUSES OF DEATH? YES [

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

22c DATE SIGNED

DIRECTOR PHYSICIAN

Crownsville Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Wm. C. March F/H 1101 E. North Aye.

- Davidson Jandell

NO F

STATE

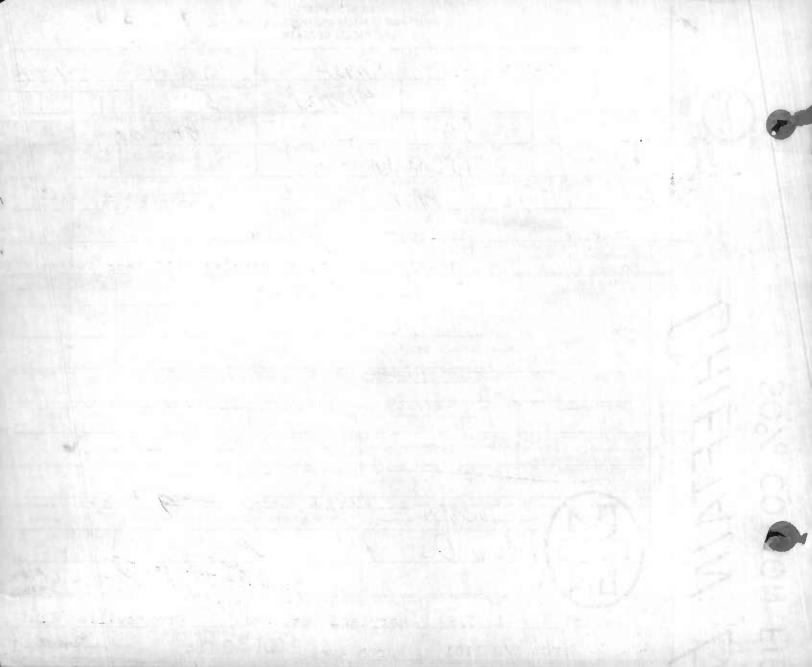
DHMH - 16 50M 4/82 (VRA 15, 4)

- STATE

LIVPE OR PRINTS

REGISTRAR

DECEASED NAME



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	۱ -	STATE REGISTRAR			ou ann	CERTIF	ICATE OF D	EATH		REG.	NO.		
		CEASED NAME OR PRINT)	FIRST	N	MDDLE		PSON			OF DEATH	MONTH 6	OAY YEAR 84	10 - 44 hm
1	3. SEX		4	BLACK		S. DATE C		YEAR 95	6. AGE	N YEARS LAST	P YRS	IF UNDER I YEAR	# UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR FO. OUNTRY) Carolina		U. S.		WIDOWE	The state of the s	ORCED	1 ^ ^	TIMO,	_	CITY	MD
4	E	TY OR TOWN OF DEAT Baltimore		BON :	OSPITAL, NURSIN HEACILITY, GIVE STREET SECOURS	ADDRESS)	SPITAL	ITUTION	(TYPE OF W	OCCUPA ORK FOR MOS mstre	TOF WORKING	LIFE) INDUSTRY	tory
	130 S	D.	IS HOME OR OTH		BALTIMO	/N	13d INSIDE CI	NO 🗌	346	^	SIZIP CO		21215
0		THER'S NAME FIRST Abraham	MID		Simpso		Ma	ry Y		WIDDLE		Cornwe	
		AS DECEASED EVER IN ES, NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W		220-16-7		17 INFORMAI Blanche		_			ld Avenu Maryland	
		Conditions, if any, gove rise to imme cause (a), stating underlying couse	ediate	DUE TO, OF	R AS A CONSEQU	1 0	& Live	r met	asta	sis tholy	serding	,)	1
	NOI	PART 2 OTHER SIGNI	Dia	hets /	nellite	6 /	118	-,	Con	nd		IVEN IN PART 11	
1	CERTIFICATION	10/5 8	14	Sm	allo	vel	olsto	ucto-	YES	TOPSY?	IN CER	TIFYING CAUSES YES	
7	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	21b. TIME OI HOUR: A./ P./	M. MONTH D. M.	AY YEAR		JURY OCCURE	RED (ENTER	NATURE OF IN	JURY IN ITEM T	8 PART I OR PART 2)	
	MED	21d INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	E 🗆	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	FARM ETC)	211 LOCATIO STREET	N		CITY OR	TOWN	COUNTY	STATE
		220 L certify that (1) (1 sow the deceased above, (1) (we) (did	olive on	10/	198	-1		, 19 9 4 (our) opinion	death occu	rred on the	date and h	our and from the	
		22b. SIGNATURE	Im	~gAd	1		F	TTENDING HYSICIAN	MEDICA DIRECTO	AL ST OR PHYS	AFF SICIAN E	(O)	16/84
		22d. PHYSICIAN'S NAM	ME THE OR PR	(INI)			77e ADDRES	5					

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT. If he should be detach

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c NAME OF CEMETERY OR CREMATORY 10/10/1984 Arbutus Memorial Park 23d LOCATION CITY OR TOWN

Baltimore, Maryland

24 NULTE PRE W Sons 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

The second secon

THE COLUMN SECTION STOLES OF THE STOLES OF T

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HAGIENE

1	FOR STATE REGISTRAR	DEPAR	TMENT OF H	EALTH AND MENTAL HYG CATE OF DEATH		4 1-	
1.0	DECEASED NAME FIRST	WIDDLE	L	AST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 21	b HOUR
(1)	YPE OR PRINT	FUCENE	SIMP	SON SR.	10	2 84 15	1.550
2.0	EDWARD SEX	EUGENE 14 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)		F UNDER 24 HRS
			MONTH	DAY YEAR	77		HOURS MIN.
	ALE	BLACK	1	2 7 10	/5 YRS.		
70.	BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNT		
-	REENVILLE, SOI		WIDOWE		BALTIMORE CITY		MD
1 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI		R OTHER INSTITUTION	120 USUAL OCCUPATION 1 Type of work for most of working	12b. KIND OF B	JUSINESS OR
4	BALTIMORE	UNION MEMORIA	AL HOSP	ITAL	PORTER	RACE	TRACE
US 13d	OUAL RESIDENCE 1 F NURSING HOME OF A STATE 136 COU	NTY 134CITY OR TO	NWO	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COL	E 2/2	218
$\overline{}$	FATHER'S NAME	BALTO	1	YES X NO	1303 F* 4121	21.	
	EDWARD	SIMPSO	N	EMMA	WIDDLE	LAST	
160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS		
- 113	(YES NO OR UNKNOWN) 11F YES, GT	ve war or dates) 218-12	-3608	ELLA SIMPS	on 905 E. 41s	T ST	
=		nly one cause per line lar (a), (b),		TELLIT O ITTO	011 302 61 110	APPROXIMA	TE INTERVAL
	PART I. DEATH WAS CAUSE	ED BY.	atory	Fallure		5 m	inite
	IMMEDIA		/	1 CCATOT C		110	murco.
	Conditions if you which	DUE TO, OR AS A CONSEG				Edi	2115.
	Conditions, if any, which gave rise to immediate		-	· · · · · · · · · · · · · · · · · · ·		2014	Y
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	C E	novema		2 yr	は
		CONDITIONS CONTRIBUTING T	O DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART Ira	
<u>o</u>	Thoracic 1	Hortic Aneur	VSM	E Llung	adhered to it.		
CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	WAS PERFORMED	INCERT	ES, WERE FINDING TIFYING CAUSES OF YES []	S USED F DE ATH?
	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TE	3 PART I OR PART ?)	
	OR CONTRIBUTION CALLES OF DE	AIR	DAY YEAR				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	TY	211 LOCATION			
×		(AT HOME STREET FACTORY OFFIC	E FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK	nital) attended the deceased Iran	Sent	26 10 84	1 10 OCT 2	19 84 the	(we) last
	saw the deceased alive at	OCT & 19			death occurred on the date and he	,	
	above, (1) (we) (did) (did no 22h SIGN URE	at) view the bady after death.		DEGREE		22c DATE SIC	
	Susan,	8- Weiner		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/2	184
	22 PHYSICIAN'S NAME HYPE	OR PRINT)		22e ADDRESS			
	DR. SUSAN G.	WEINER		UNION MEM	ORIAL HOSPITAL		
230	BURIAL, CREMATION, REMOVAL		NAME OF C	METERY OR CREMATORY	23d. LOCATION		
	BURIAL	10/6/84 /	RBUTU	s MEM. PK.	BALTO MD	COUNTY	STATE
24	FUNERAL DIRECTOR	10,0,0,1			E REC'D. BY REGISTRAR 250 REGI	STRAR'S SIGNATUR	E
	LEBUY O DVET	T 4600 LIREDT	V LICT	S AVE QU	T 5 1084 gulia	Davidson-Ro	indelle
	LLIVI VI DIL	L TOUG LIDEA) HVE I	() VOTI [/]		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

Mr. H. Witts 201 N. Chas. St. APPROXIMATE INTERVA BETWEEN ONSET AND DEATH MASCULAR INSUFFICIENCE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING DIRECTOR PHYSICIAN BaltimoMaryland Loudon Park Baltimore Oct. 5.1984 Burial 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR S. REGISTRAR'S SIGNATURE relia Davidson-Mar Mitchell-Wiedefeld Home 6500 York Road 21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

HOUR5

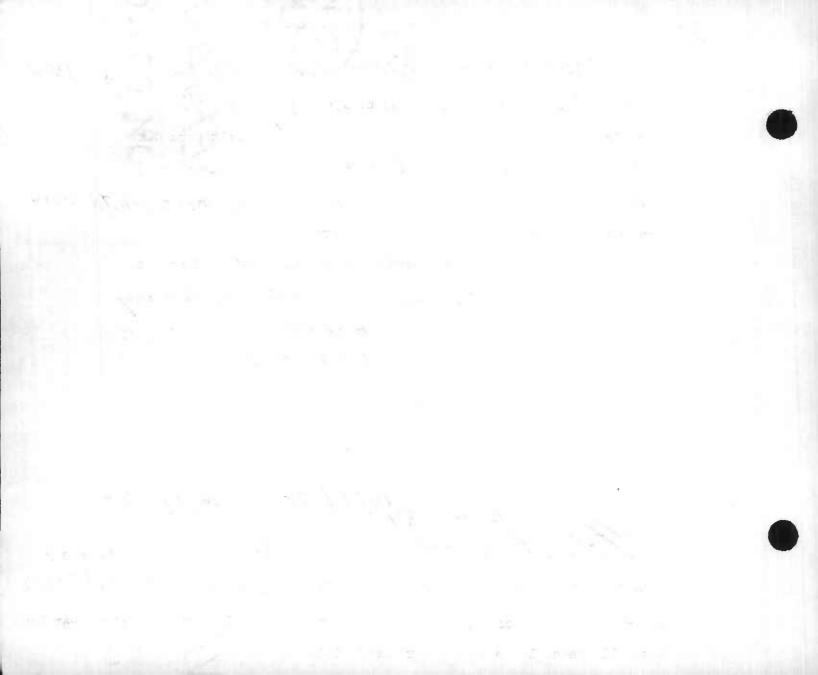
126. KIND OF BUSINESS OR

IF UNDER I YEAR MONTHS DAYS

INDUSTRY

BelloTR. 21214

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DHMH - 16 50M 4/83

(VRA 15, 4)

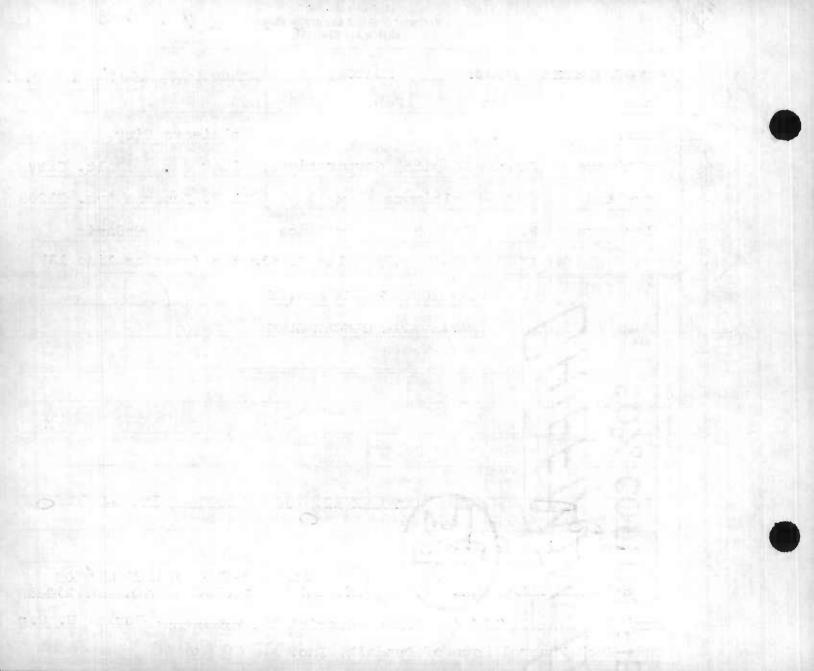
FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT AL HYGIENE

GIENE

3 9

1	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.				
		CEASED NAME FIRST	De 117	MIDDLE	L	AST	20. DATE OF DEA	TH MONTH	DAY	YEAR	2b. HOL	JR
		RUPER		C.	SLA	YTON	OCTOBER	18	198/		2.0	OP MN
	3. SE)		4 RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	ERIYEAR	HOURS	MIN.
	V	Male	White		Feb	. 29,1920	64	YRS	5.			
0		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CI					
1]	Tenn.	U.S.P		WIDOWE	DIVORCED	Baltin			-		MD.
1		TY OR TOWN OF DEATH	(IF NOT IN SHE	HEACHITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCU			KIND OF	BUSIN	ESS OR
1	-	Baltimore				orporation	Welder	•	В	alt.	. Ci	ity
5	130 S	AL RESIDENCE (IF NURSING HOME OF ATTATE 136 COU.		Baltim	N	134 INSIDE CITY LIMITS?	921 N.	ESS / ZIP CC Luzei	rne	Ave	. 2]	1205
		THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME) I E	CI.	IAS1	100	
0		Claybourn	H.	Slayton		Prudence			Mad	aris	5	
	160 V	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU		17 INFORMANT		DDRESS		, ,	7.	
	7	Zes unknown)	TT OR DATES)	243-01-	2056	Helen G. S	Layton	(same				
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause pe							APPROXIA BETWEEN O	MATE INTE	RVAL DEATH
			TE CAUSE (o)	CARDIO	OMTO	NARY ARREST						
			DUE TO, C	R AS A CONSEQUE	NCE OF	CANCED TIME						
		Conditions, if ony, which gove rise to immediate	(b)_	METASTA	TIC	CANCER LUNG			-			
		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	ENCE OF							
	1		(c)_									
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION	GIVEN IN	PART Ita	*	
	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			E FINDIN		
1	IFIC						YES NO		YES T	CAUSES	OF DEA	
1	CERT	210. ACCIDENT WAS UNDERLYING				216 HOW INJURY OCCUR	1			R PART 2)		-
_		OR CONTRIBUTING CAUSE OF DE	AIH	.M. MONTH D	AY YEAR	1000						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	,	ORTOWN	• (YINUC		STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC)	SINEEL	CITY	OK TOWN		201411		DIAIL
		22a.1 certify that (1) this hosp	ottended th	ne deceosed from	CTOB	ER 12, 19,84	, 10_OCTO	BER I	8 19_8	34	hot (I)	wellost
		sow the deceased alive or	OCTOB	TR. 18,19-8	34—, a	nd that in (my) our opinion	deoth occurred on	he date and l	nous and	from the c	ouses st	oted
		22h SIGNATUIL	0			DEGREE			2	2c. DATE S	SIGNED	
		- rupal	-	ومعمد		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN [
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)		7-11	22e ADDRESS CHURC	H HOSPI	TAT. C	ORPO	RAT	TON	
		N MUKESH	LUHAR N	1.D.		100 NORTH				MD.	21	221
		BURIAL, CREMATION, REMOVAL	. 236 DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1	COU	NTY	7	STATE
	E	Burial	10/21	/84 B	urke	Memorial P	k Morga	ton!		ke,		C.
		UNERAL DIRECTOR				25a DAT	E REC'D. BY REGIS	RAR 25b. REG	ISTRAR'S	6.	alm.	0/0
		ouda-Ruck Fur	neral H	ome of	Dunda	alk, Ind. 00	1 2 2 198	54 Trong	· David	RAPA-(handa	304



FOR STATE

STATE OF MARYLAND

						MONTH	DAY YEAR	26 HOUR P
DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE		AST				
, The Original of the Control of the	BETTY	A.	SMAL	LWOOD	OCTOBER	28,	1984	7:50
. SEX	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	Ca	uc.	1	6 25	59	YRS.		
e. BIRTHPLACE (STATE C	OR FOREIGN 76. CIT I	ZEN OF WHAT COL	UNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OF	_		
Wash D.C.	U	SA	WIDOWE		BALTIMO	RE C.	ITY	MI
BALTIMORI	LIED		NURSING HOME C	HOSPITAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Unemployed	E WORKING LIE		bled
SUAL RESIDENCE (IF NO 30 STATE Maryland	Pr. Geor	13c. CITY C	nce before admission) OR TOWN Lywine	13d INSIDE CITY LIMITS? YES MO	13. STREET ADDRESS /	ZIP CODE	ne Rd.	20613
James	MIDDLE	Sma	allwood	15. MOTHER'S MAIDEN NA	AME		Smí	th
6g WAS DECEASED EV	R IN U.S. ARMED FO	0.1551	AL SECURITY NO.	17 INFORMANT	ADDRE		M	d.
(AEZ NO OK ONKNOWN)	(IF YES, GIVE WAR OR	578-	-44-1460	H. Regina Ra	therdale Rt.	1 Box	k 887 H	ollywood
Conditions, if a gove rise to i cause (a), sta	ny, which mmediate	ib)		\				8
gove rise to i cause (o), sta underlying cou	ny, which mmediate tring the see last DU GNIFICANT CONDIT	(b)	INSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	20b. IF YES	S, WERE FINDI	NGS USED
PART 2 OTHER SI 19a. DATE OF OPER 21a. ACCIDENT WAS I	DU ny, which mmediate fing the se last GNIFICANT CONDIT ATION 19b INDERLYING 21b	(b)	INSEQUENCE OF	N WAS PERFORMED		20b. IF YES	S, WERE FINDING CAUSES	NGS USED
PART 2 OTHER SI PART 2 OTHER SI 190. DATE OF OPER 21d. ACCIDENT WAS 1 OR CONTRIBUTING [(IF EITHER, NOTIFY M 21d. IN JURY OCCU	DU Ty, which mmediate fing the se last GNIFICANT CONDIT ATION 196 CAUSE OF DEATH HEDICAL EXAMINER) TRRED 216 [ATION 216	ETO, OR AS A CO (c) CONTRIBUTION FOR CONDAINON FOR TIME OF INJURY	WHICH OPERATION THE DAY YEAR	N WAS PERFORMED	YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	NGS USED OF DEATH?
PART 2 OTHER SI 190. DATE OF OPER 210. ACCIDENT WAS 210. ACCIDENT WAS (IF EITHER, NOTIFY M 210. IN JURY OCCU THILE WORK 220.1 certify that 220.1 certify that	DU Ty, which mmediate fing the se last GNIFICANT CONDIT AATION INDERLYING CAUSE OF DEATH CONCAL EXAMINER) IRRED VORK (AI (I) (this hospital) attentions A seed alive an	ETO, OR AS A CO (c) IONS CONTRIBUTION CONDITION FOR ITIME OF INJURY HOME, STREET, FACTORY ended the degreese	WHICH OPERATIO WHICH OPERATIO WHICH DAY YEAR 19 V, OFFICE, FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUS	200 AUTOP	20b. IF YES IN CERTIFYEE YES	S, WERE FINDING CAUSES S PART LOR PART 2) COUNTY	NGS USED OF DEATH? NO
PART 2 OTHER SI PART 2 OTHER SI 19a. DATE OF OPER 19a. ACCIDENT WAS 1 OR CONTRIBUTING OF CO	DU Ty, which mmediate fing the se last GNIFICANT CONDIT ATION 19b CAUSE OF DEATH EDICAL EXAMINER) IRRED 21e (AT (AT (I) (this haspital) after assed alive an () (did) (did not) view	ETO, OR AS A CO (c) IONS CONTRIBUTION CONDITION FOR ITIME OF INJURY HOME, STREET, FACTORY ended the degreese	WHICH OPERATIO WHICH OPERATIO WHICH DAY YEAR 19 Y, OFFICE, FARM, ETC.) d from h. 9	211 LOCATION STREET and that in (my) (aur) apiniar DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF INJUR CITY OR TOV 10 death occurred an the do	20b. IF YES IN CERTIF YE RY IN ITEM 18 P	COUNTY 19 22c. DATE	NGS USED OF DEATH? NO STATE that (I) (we) lac causes stated
PART 2 OTHER SI PART 2 OTHER SI 19a. DATE OF OPER 21a. ACCIDENT WAS L OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF C	DU Ty, which mmediate fing the se last GNIFICANT CONDIT ATION 19b CAUSE OF DEATH EDICAL EXAMINER) IRRED 21e (AT (AT (I) (this haspital) after assed alive an () (did) (did not) view	ETO, OR AS A CO (c) IONS CONTRIBUTION CONDITION FOR ITIME OF INJURY HOME, STREET, FACTORY ended the degreese	WHICH OPERATIO WHICH OPERATIO WHICH DAY YEAR 19 Y, OFFICE, FARM, ETC.) d from h. 9	211 LOCATION STREET 19 and that in (my) (aur) apinior DEGREE ATTENDING	200 AUTOP YES NO RRED (ENTER NATURE OF INJUR CITY OR TOW To death occurred an the do MEDICAL PHYSIC OHIVS HOPK	20b. IF YES IN CERTIF YE RY IN ITEM 18 P	S, WERE FINDING CAUSES S PART LOR PART 2) COUNTY 19 19 10 11 and from the 22t. DATE HOSPITI	NGS USED OF DEATH? NO STATE that (I) (we) lose causes stated SIGNED 2 8 7 7
PART 2 OTHER SI PART 2 OTHER SI 19a. DATE OF OPER 19a. ACCIDENT WAS 1 OR CONTRIBUTING OF CO	DU The second of the second o	CONDITION FOR CONDITION FOR TIME OF INJURY HOME, STREET FACTORY AND AND AND AND AND AND AND AN	WHICH OPERATION THE DAY YEAR 19 (4, OFFICE, FARM, ETC.) dd from 19 (23c NAME OF C	211 LOCATION STREET and that in (my) (aur) apiniar DEGREE ATTENDING PHYSICIAN	YES NO RRED (ENTER NATURE OF INJUR CITY OR TO To to was a death occurred an the do MEDICAL PHYSIC OHNS HOPK	206. IF YES IN CERTIFY YE AVENUE AND A STATE AND A STA	S, WERE FINDING CAUSES S PART LOR PART 2) COUNTY 19 19 10 11 and from the 22t. DATE HOSPITI	STATE that (I) (we) las causes stoted

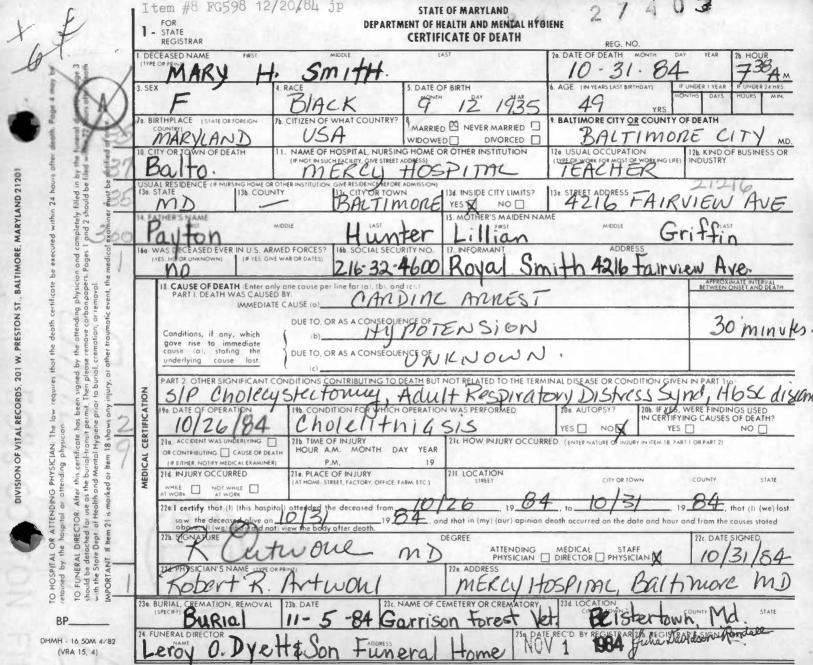
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9 ... Address: begates as a con-THE ST MEDICAL OF THE STATE OF Mr. wil bodwysion Typerne ". . . of Decker cets d - Ti

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Beltindre Clev : otiree School Interest Further Schools interpretations and a second Politimore X Sultimore, Maryland 21217 98. BunnyA Maiddin. 2009 214-44-5551 Militad N. Moors Utlticore, Moryland 21217 in Lyryt pagg, Triylan Buyini 10/27/1884 Arburus Hemoriol Park Nutter & Sept. 2501 Stynne Felle Pirktay Ut 1 2 6 Mar. Tuneral Home Inc. Bultimore, Maryland 21216



MARIN H SMITH 3-112 aut the training Humiter Littley Continued SUSSALU LILL LINGSHA ARE FRINGER AVE My properties & Birth 11-5 81 Sorrish to Trivet FOR

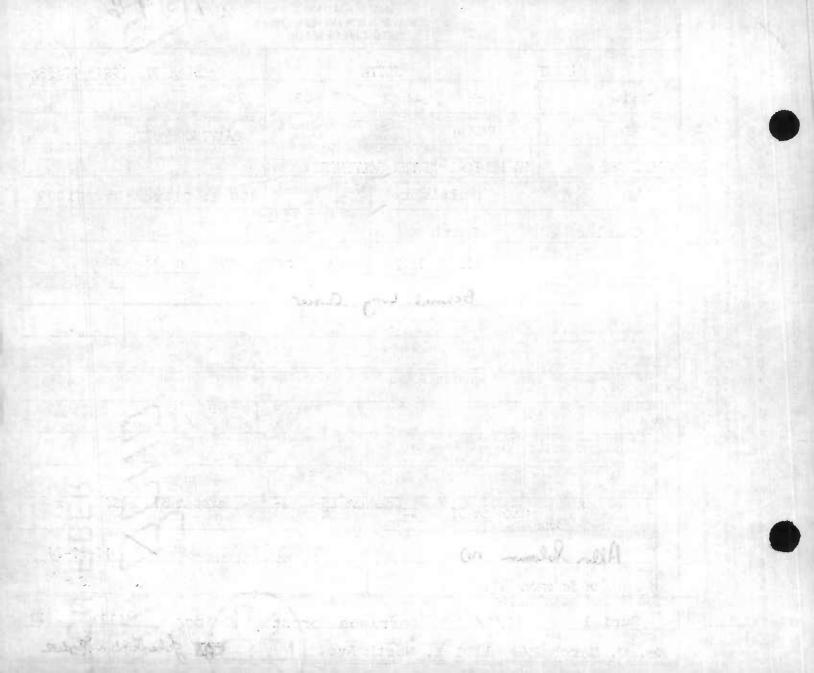
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
1. DECEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH		AY YEAR	2b. HOUR
ALBERT	Г		SMIT	TH	Octobe	r 31.	1984	11:53a
3 SEX	5. DATE C		6. AGE (IN YEARS LAST BIR	(HDAY)	FUNDER TYEA			
Male	Blac	ck	MANTH	25 05 €	79	DATS TOOKS MIN.		
To. BIRTHPLACE (STATE OF FOREIGN	8 AAA PDIE	D MEVER MARRIED	R COUNTY	NTY OF DEATH				
COUNMD	SA	WIDOWE		BALTIMORE CITY				
O CITY OR TOWN OF DEATH	HOSPITAL, NURSIN		G HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI				OF BUSINESS OF	
BALTIMORE	VA MED	ICAL CENT	ER BA	LITIMORE				
USUAL RESIDENCE (IF NURSING HOME O		Ballelmo		13d INSIDE CITY LIMITS? YES MO [408 E, O	ZIP CODE Liver	St.	21202
4 FATHER'S NAME FIRST Charles	MIDDLE	Smith		15 MOTHER'S MAIDEN NA	ME		l.	AST
60 WAS DECEASED EVER IN U.S. AI		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	302	
Yes no or unknown) (IF YES, GI	VE WAR OR DATES	215 03 15	97	Doris Ervi	n 4406 Th	e Ala	meda	
18. CAUSE OF DEATH (Enter o	nly one cause per	line for (a), (b), and	d (cl.)				APPRO	DXIMATE INTERVAL N ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY TE CAUSE (0)	Presimen	Lun	y Concer				
MMEDIA)				
Conditions, if any, which	1	R AS A CONSEQUE	NCE OF					
gove rise to immediate	(6)-							
underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
	(c)							
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVI	EN IN PART	l (a)
V 19a DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	T206 IF YES	WERE FIND	OINGS USED
E IN DATE OF OPERATION	170 COND	MONTOR WHICH	OI EKATIO	*	1	IN CERTIF	ING CAUSE	S OF DEATH?
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	7 216. TIME C	DE IN IURY	-	21c. HQW INJURY OCCUR	RED (ENTER NATIONE OF INITIAL		ARI I OR PART 2)	NO 🗌
	ATH HOUR A.	M. MONTH DA		***	TED TEMES INTONE OF INJUR		, , , , , , , , , , , , , , , , , , ,	
OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		M. OF INJURY	19	211 LOCATION				
		REET, FACTORY, OFFICE, FA	ARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
AT WORK AT WORK			Octo	104 25 81	to October	31	0 84	1 1/
220 I certify that (K)(this hasp sow the deceased alive or	Octobe	r 31 19 8	. //	nd that in (m) (our) opinion			-	, that (X (we) lo
above, (X (we) (did) (X(X))	(1) view the body	ofter death.			dean occurred on the oc	ne ona nooi		E SIGNED
- NAS O				DEGREE	MEDICAL _ STAI	F /		
Alles Jul	0011001	NO		PHYSICIAN [DIRECTOR PHYSIC	IAN	10-	31-84
Allen Solor				22e ADDRESS				
30 BURIAL, CREMATION, REMOVAL	236 DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
Burial	11/5	/84	arri	son Forest	Owings	3	Mills	
4 FUNERAL DIRECTOR					TE REC'D. BY REGISTRAR	25 REGIST		
Wm. C. March	F/H 1	101 E. I	Nort	h Ave. NO	11 100/	Julia De	widson-	Mandall.

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

MPORTANT: If he



Item 13e		PER 10/16/84 STATE REGISTRAR	kg DE	STATE OF M PARTMENT OF HEALTH CERTIFICAT	AND MENTAL HYGIE	NE 2 7	3 47	
ay be ooge 3 death	{TYP	CEASED NAME FIRST E OR PRINT) BERTI	MIDDIE	Simi	TH		NONTH DAY YEAR	1418 PM
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attiMORE e be exect cion and c ers. Pages I. the medica	2_	(IF YES, GIVE 18 CAUSE OF DEATH (Enter and	E WAR OR DATES)		rwella E	2 Smith	APPR	ROXIMATE INTERVAL EN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs rattending physician and completely filled in the startificate has been signed by the ottending physician and completely filled in the as the burial-transit permit. Then please remove carban pages? Pages 1 and 2 shauld be fill hand Amental Hygiene prior to burial, cremation, ar remayal.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COM	p515 .				
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he law reconstruction in the permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO [
SICIAN: T ng physici certificate urial-transi lemtal Hygi	MEDICAL CE	270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	H DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
DIVISION ING PHY after this cos the butth ond A th ond A	MED	VHIIE NOT WHITE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM ETC)	OCATION STREET	CITY OR TOV	VN COUNTY	STATE
R ATTEND hospital a RECTOR: vied for use opt. of Hea 21 is mineral and mineral		220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did nat 1220 SIGNATURE		576 15	in (my) (aur) apinian de	oth occurred on the do		_, that (1) (we) last the causes stated ATE SIGNED
- Pool 1	-	224 PHYSICIAN'S NAME (TYPE OF	EL-	MY	ATTENDING	MEDICAL STAF DIRECTOR PHYSIC	F	TE SIGNED
TO HOSPITAL retained by il TO FUNERAL with the Store MRPORTANT:	220	5 E. VALLE BURIAL CREMATION REMOVAL	NE			23d LOCATION	e Valy	
BP	N	Burial	16-10-84	LUESTEY	Star 250 AATE	Catonsy	ille COUNTY	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	hay	los M. Pariella	120641.10	AC Ave	100	1 0 1904	Fulia Davidson	-Randelle

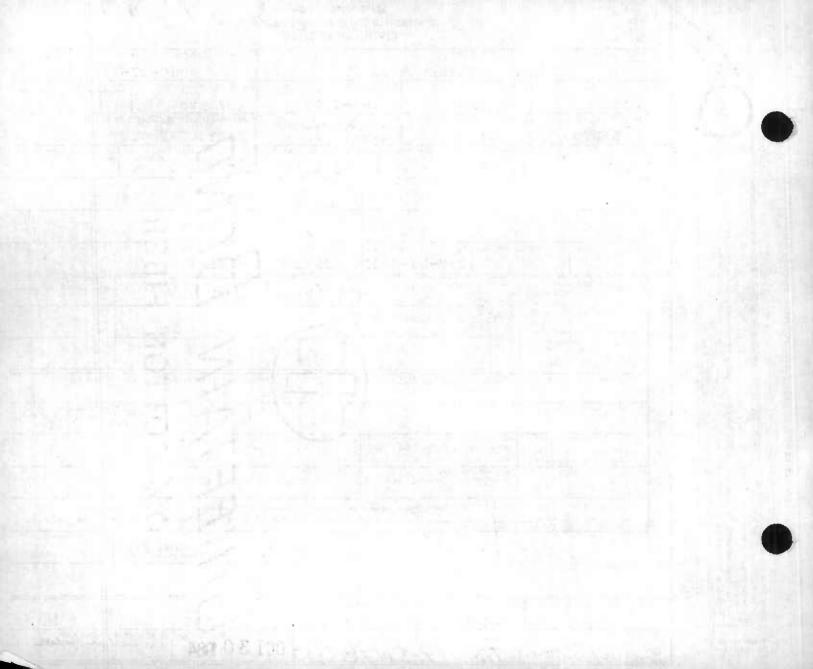
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-5	1-	STATE OF MARYLAND 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									0		
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ctor, pog	3. SEX MALE			A RACE S. DATE O MONTH 2-1					6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE MONTHS DA				
eath. Pog	C	O. BIRTHPLACE (STATE OFFOREIGN COUNTRY)		7b. CITIZEN OF WHAT COUNTRY? 8. MARRIE		RY? 8.	D NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH			MD.	
o de	10 CIT	Y OR TOWN OF DEA	тн	11. NAME OF H	H FACILITY, GIVE S	RSING HOME C	Nursing	TION 12	USUAL OCCUPATION OF OF WORK FOR MOST OF	ON	12b. KIND OF B		
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MARYLA ed within mpletely ond 2 sh	14 FA	TOM	Reddi	MIDDLE LCKS	LAST		15 MOTHER'S MA	oria.	h Ba		LAST		
IMORE, oe execut on and co	{YI	AS DECEASED EVER S, NO OR UNKNOWN) 10	(IF YES, GIV	E WAR OR DATES)	16b SOCIALS				Greene 30			TE INTERVAL LET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physician. When this certificate has been signed by the attending physician and completely filled in the ost the buriothransit permit. Then please remove carbonpopers. Pages 1 and 2 should be 11 th and Mental Hygiene prior to buriot, cremotion, or removal. Only shows any injury, or other traumatic event, the medical examiner must be acked or them 18 shows any injury, or other traumatic event, the medical examiner must be	NO	Conditions, if ony, gave rise to imm couse (a), stofin underlying couse	which nediote g the lost.	DUE TO, OI (c)	r as a conse r as a conse	EQUENCE OF			AL DISEASE OR CON	DITION GIVEN	IN PART 10		
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DHMH - 16 50M 4/B2 (VRA 15, 4)		Chas. A.	Rice	FSPA	1300°	Eutaw	Place	NOV	5 1984	256. REGISTRA	R'S SIGNATUR	public	

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DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH MONTH YEAR 26. HOUR (TYPE OR PRINT) John 10-4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH 3. SEX MONTH DAY YEAR Male Black 16 14 To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED [MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TY OR TOWN OF DEATH 176. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OShilA Timore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 1136 COUNTY 13c. CITY OR TOWN 113d INSIDUCITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Balto. 2400 Linden Ave. 21217 YES 🗍 NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EAST MIDDLE LAST FIRST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Unkn. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 or CERTIFICATION 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOT NO [] YES [71a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH DIVISION OF 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OF TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOI WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL STAFF should be deto with the State IMPORTANT: h DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE 10/25/84 Removal BP. 24 FUNERAL DIRECTOR 254 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 ADDRESS Anatomy Board Balto., Md. (VRA 15, 4)

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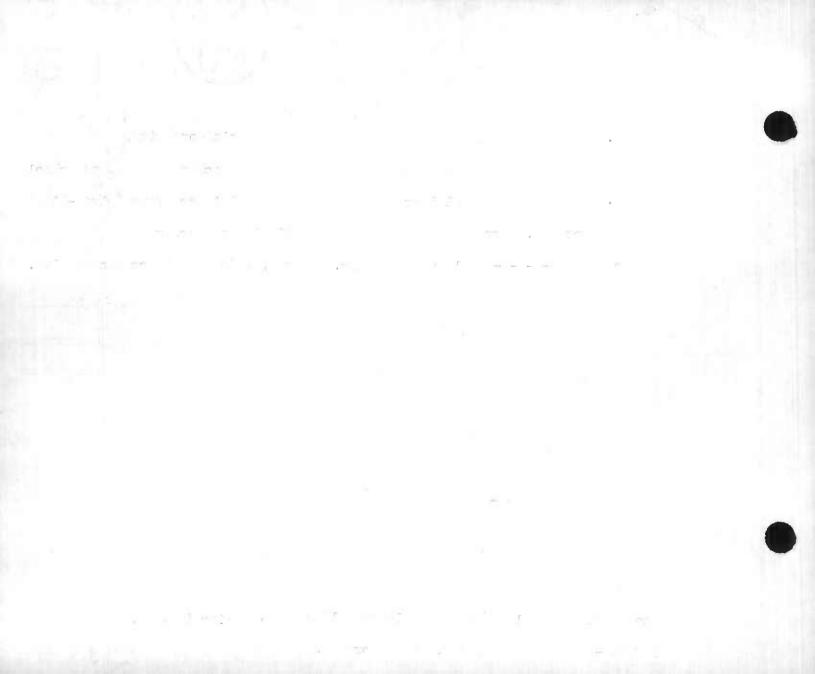
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND

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5010 REISTERSTOWN RD. BALTO. MD

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

FIRST

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

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2b HOUR

HOURS

YEARS

STATE

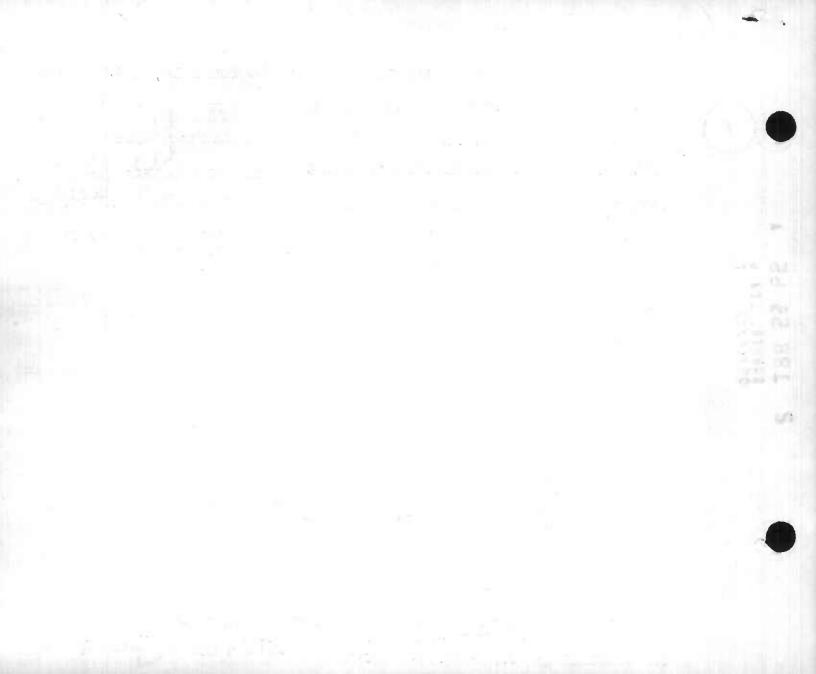
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2a. DATE OF DEATH



STATE OF MAKILAND

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STATE OF MARYLAND

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STATE OF MARYLAND

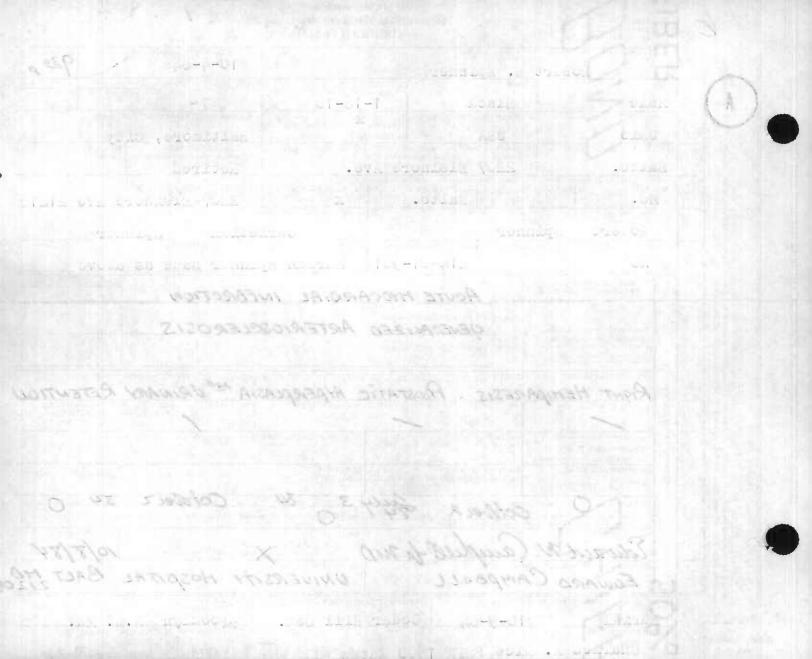
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST

FOR - STATE REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME MIDDLE 2b. HOUR (TYPE OR PRINT) JOHN. 10 84 110:55pm 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 H 3. SEX 5 DATE OF BIRTH DAYS YEAR 15 Male Black To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED [North Carolina NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALT IMORE NTER USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 706 Reservior St. 21217 Balto City NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE LAST EIRST Neilv Stanley Sam Porter Moody 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES GIVE WAR OR DATES) 240180682 Carrina Stanley 706 Reservior St. Yes Army APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
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DHMH - 16 50M 4/83 (VRA 15, 4)

C. March F/H 1101 E. North Ave

STATE OF MARYLAND

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Ambrose Funeral Home 1328 Sulphur Spring Rd.

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR 1 - STATE

REGISTRAR

24 FUNERAL DIRECTOR

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIY GIENE CERTIFICATE OF DEATH

D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

REG. NO.

MONTH

IF UNDER I YEAR

21227

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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20h, IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c DATE SIGNED

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20 DATE OF DEATH

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DHMH - 16 60/			277	INERAL DIRECTOR	4.23		ADDRES	Balto	Md 21223	250. DATE	REC'D. BY REGIS		GISTBAR'S SIGNAT	Renda po		
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STATE OF MARYLAND

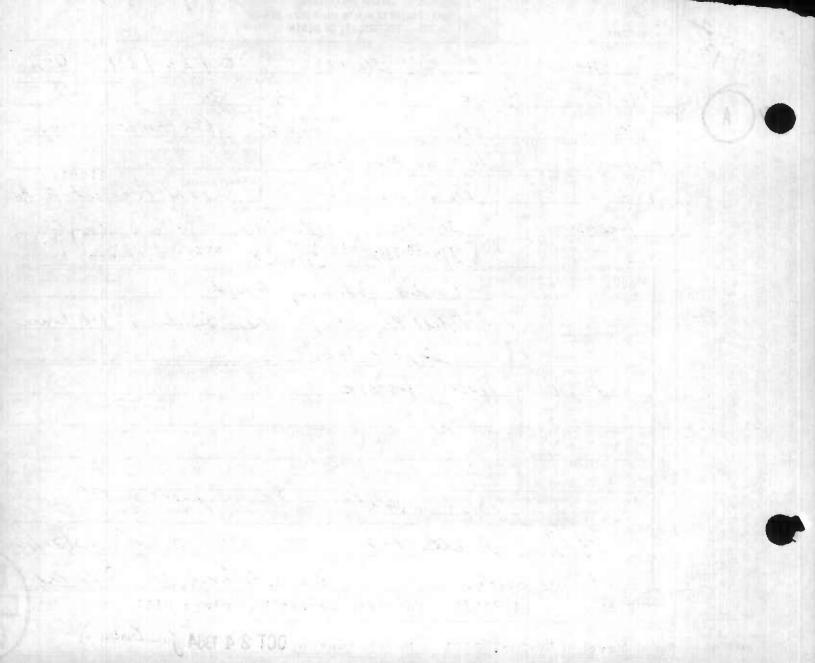
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME 76 HOUR LTYPE OR PRINTS ESTI-DEATH MATED 10-30-84 JOHN STANTON IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED Male White Nov. 15, 1907 76 YRS 12:57 10-30-84 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED Baltimore City Maryland United States OR INDUSTRY Baltimore 434 Folcroft Avenue Self-employed CORDS, Seafood-Mkt. 13a STATE 13d INSIDE CITY LIMITS? 13b COUNTY 13e STREET ADDRESS Folcroft St. / 21224 Baltimore YES X NO [] Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Johanna James Stanton Roth 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16b SOCIAL SECURITY NO 212-12-6335 Winifred Lee / 1607 Cantwell Rd./21207 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF LOWN STATE COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Autapsy 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion deoth resulted from: Natural causes XX Accident Hamicide Undetermined manner ACTUAL 10-30-84 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY STATE Nov.2,1984 New Cathedral Cemetery Baltimore. Maryland Burial BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE **DHMH - 17** Lilly & Zeiler Inc. 1901 Eastern Ave. /21231 (VR A15 ME (5)) 20M 4/B2

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1		REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	R 26. HOUR
	{ I YPE	Herman	2 (Starte	10/2	3/84	430
	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS. AYS HOURS MIN.
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000		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
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	USU 13a. S	AL RESIDENCE (IF NURSING HOME COL	1/5	FORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS	ZIP CODE 21	1201 ~ A By A
exe	14. F/	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE M		LAST
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e medicol		YES	2/17	To Char	221		
4		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one cause per line for (a), (b	, and let	0 1	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF			
		underlying cause last.	(C) OR AS A CONSE	entic Shode			
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	Z O	Alcaho	la liver	clisease			
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SMO	CERTIFICATION				YES NO	IN CERTIFYING CAU	ISES OF DEATH?
	8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUP			
E /		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR			
-/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211. LOCATION			
	MEG	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF		CITY OR TO	OWN COUNTY	Y STATE
E	1		pital) attended the pleceased fro	nm 10/22 10 89	10 10	123 10 50	that (I) (we) los
2		sow the deceased alive a	(12/22	9_84, and that in (my) (aur) apinion	death accurred on the d	ate and hour and from	
4		above, (I) (we) (did) (did n	at) view the bady after death.	DEGREE			ATE SIGNED .
		Cla	hell	ATTENDING PHYSICIAN	MEDICAL STA	FF	10/33/8
PORTAN		224 PHYSICIAN'S NAME (TYPE	r 111	22e ADDRESS	Greene	St. Ba	14. Neck
₹-		BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMATORY Garrison Forest		Mi 11 a COUNTY	Mchie
		BURIAL	10/20/04				
83	24. F	UNERAL DIRECTOR	ADDRI	25a. DA	TE REC'D. BY REGISTRAR	PIL REGISTRAR'S SIGN	NATURE OF
	Wm			North Avenue DC	1 2 4 1984	Trelia Davidson	

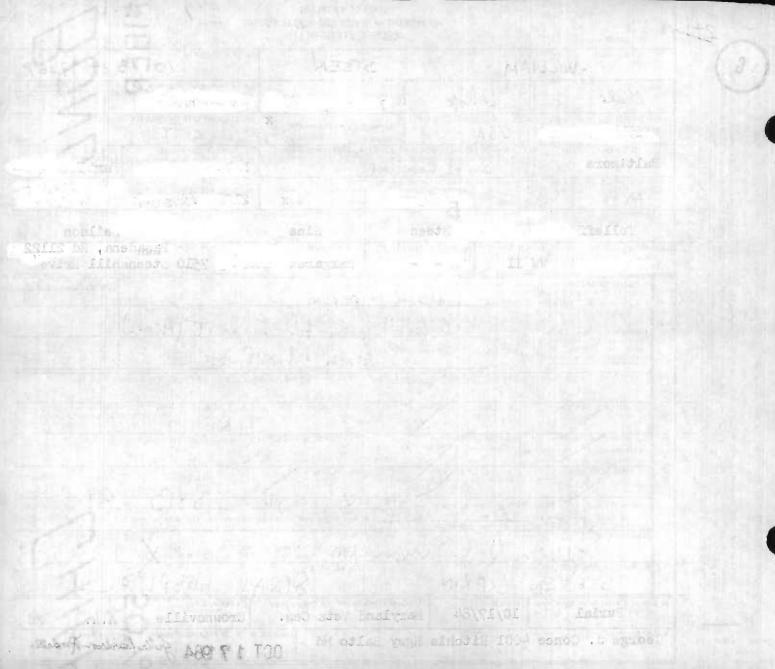
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENDAL HYGIENE

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1.	FOR STATE REGISTRAR	DEP		EALTH AND MEN		ENE REG. NO	. D.			
	EASED NAME FIRST	MIOOLE	(AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
THE	Elisabe	eth S.	Stevens	EVENO	2.1		10	8 84	5-6	
3. SEX		4 RACE	S. DATE C			AGE IN YEARS LAST BIRT	HDAY)	MONTHS DAYS		
Fer	male F	White	MONTH	26	96	88	YRS.	MONTHS DAYS	HOURS	
	RTHPLACE ISTATE OR FOREIGN Clinton N.Y.	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MAR	RIED	Baltimore City o		Y OF DEATH		
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME C		TION	12a USUAL OCCUPATION	ON	12b. KIND	OF BUSINESS C	
	Baltimore /	(IF NOT IN SUCH FACILITY, GIVE S Keswick Home	Th #43			Homemake		IFE) INDUSTR	Y 	
13a. S		TY 13c. CITY OR		13d. INSIDE CITY YES NO	LIMITS?	13e STREET ADDRESS / 6604 Waln			. 21212	
7/0	THER'S NAME	MIDOLE LASI Stryke:		15. MOTHER'S M. FIRS Elisab	T	E		KXX	Goss	
160 V	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	C 011	ADDRE	SS	21 21		
20	ES. NO OR UNKNOWN) (IF YES GIV	te WAR OR DATES)	4-1662	Mrs. E.	Schle	ussner6604	Waln		_	
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2 34	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D'BY TE CAUSE 10) Left	conderes	rescular	stro	he		8	days	
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	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF			1 5 5 5 5		3		
	underlying cause last	(c)								
NO	PART 2 OTHER SIGNIFICANT C		TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION G	IVEN IN PART	lia	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			ED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH			S OF DEATH?	
HE I	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN				YES NO		
7 AL	OR CONTRIBUTING CAUSE OF DEA	THE PARTY AND ALCOHURA			, occorre	LD (ENIER NATURE OF INJUI	C+ NA LIEW 19	TANT ORTHREE		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M.	19	211 LOCATION						
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
19	22a L certify that 🎉 (this haspi	tal) attended the deceased for	211	18-1981	19	, to 10 · 8		1984	, that (1) (10) la	
	saw the deceased alive on abave, (1) (www.) (did) (did)	10. 8 It) view the body after deoth.	19 <u>84</u> , ai	nd that in (my) io	r) apinian de	eath accurred an the de	ate and ho			
	226. SIGNATURE	nun	DEGREE ATTENDING			MEDICAL STAI		221. DAT	SIGNED 34	
7	274 PHUM IAN'S NAME ITEM	2 1 1 11	. 0	22e ADDRESS	0		1		6-0H	
22- 0	URIAL, CREMATION, REMOVAL	1236. DATE / W		EMETERY OR CRE		123d LOCATION	due	nue	212	
1	SPECIFY)	Acres 1			MATORT	Baltimor	e	COUNTY	Md.	
	remation INERAL DIRECTOR	10-9-84	Greenmo	ount	750 DATE	REC'D. BY REGISTRAR		STRAR'S SIGN		
	NAME	ld Home 6500 Y	RESS Pople Pop	4 24 24 2	OCT	1 6 1984	julia	Davidson	- gandell	

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 1. DECEASED NAME 2a DATE OF DEATH 2b. HOUR TYPE OR PRINT DOROTHY BARBARA STEWART REV. IF UNDER 1 YEAR 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) VF AR MONTH 27 Female Black 12 47 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY BALTIMORE Washington, D. C U.S.A. DIVORCED [WIDOWED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UNION MEMORIAL HOSPITAL BALTIMORE CITY USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13g STATE 1136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore 944 Exeter Hall Ave. 21218 Maryland YES K NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AA IDDLE Harry Davis 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 578-34-8958 Barbara J. Crosby 2712 Overland Avenue NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY RESPIRATORY ArresT IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF colonic obsTRUCTION Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last (c) Abdominal mass PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION C.AILDIOMYOPATHY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 10 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 | certify that This hospital) attended the deceased from 10/1 10/14 sow the deceased alive an above, (1) (we) (did) (did not view the body after death and that in (in) (our) opinion death accurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 201 E. University PKW DAVID S. DUNN 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) BURIAL 10/22/84 Garrison Forest VA Owings Mills Md 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNAT

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Wm C March F/H Inc. 1101 E North Avenue (VRA 15, 4)

should be

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

wie Davidson Randall

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH 7h HOUS (TYPE OR PRINT) MARY STRECKFUS 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 5 DATE OF BIRTH MONTH YEAR DAYS White 190 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Kelto MA ESWICK Home Hoalth. 21213 13a STATE 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13 e STREET ADDRESS / ZIP CODE 2855 Chesterfield Ave. Baltimore Maryland YES A NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME ALIDDLE H. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) C Arthur Eby 21 W. Susquehanna Ave. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line forms), (b), and (a) PART I. DE ATH WAS CAUSED BY: instan tanade IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOI WHILE 22s.1 certify that (1) (this hospital) attended the deceased from and that in (my) four opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (I) (we (did) (did till) wew the body litter itea) 22c DATE SIGNED DEGRET ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 214 PHYSICIAN'S HAME 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b DATE ITY OR TOWN COUNTY Cremation Oct 30 1984 Westview Memorial Baltimore Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Leonard J. Ruck, Inc. Baltimore, Maryland

DHMH - 16 50M 4/B3

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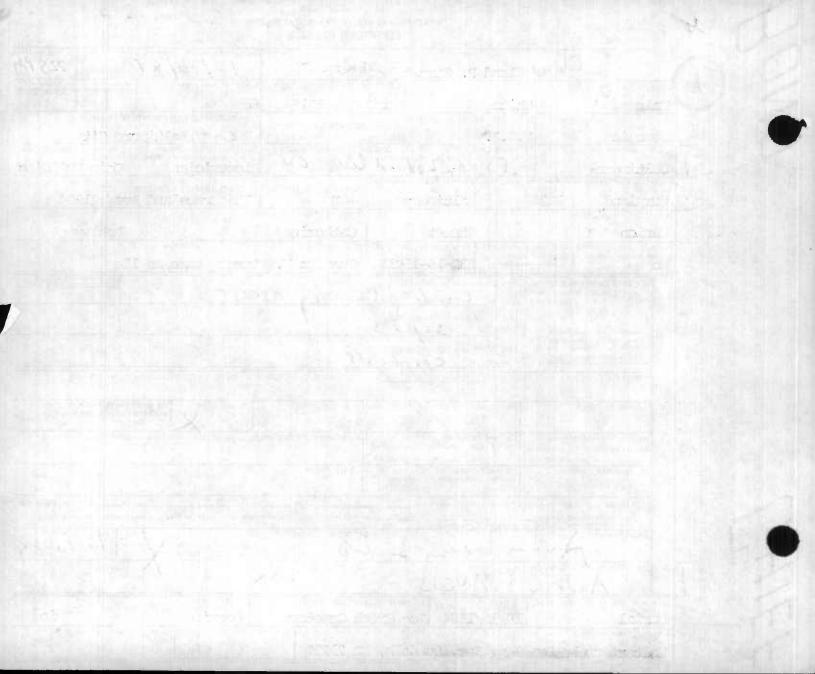
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

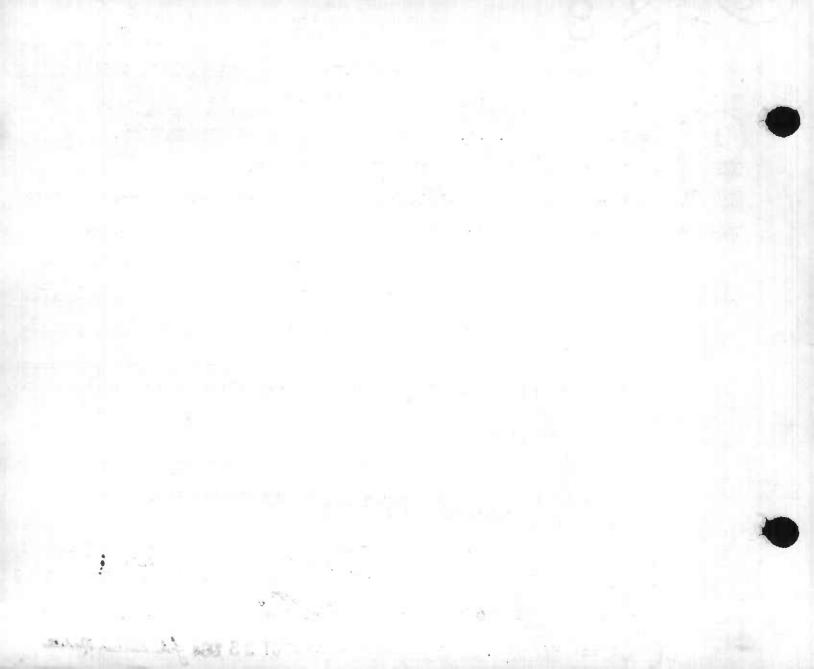
CERTIFICATE OF DEATH

- STATE

REGISTRAR

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		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 25 HO
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s offi		Male	Black	12 17 45	38 YRS. MONTHS DAYS HOUR
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be fil	USU	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	
old old	2.	aryland 136 COU	Balti		13: STREET ADDRESS / ZIP CODE 613 Gutman Avenue 21
sho sho		THER'S NAME	Daiti	15 MOTHER'S MAIDEN N	
ond 2		FIRST	MIDDLE LAST	FIRST	MIDDLE
	1An V	Dodgie VAS DECEASED EVER IN U.S. AR	Sturdiv RMED FORCES? 166 SOCIAL SE		Lawson
Poges 1		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		
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by the ottendinaces remove corbid, cremotion, or it other troumotics.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) CONSEC	ary artery de	seace 4 year
been signed by the ottendir mit. Then please remove cork prior to buriol, cremotion, or ony injury, or other troumotie	ATION	gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION CONDITIONS CONTRIBUTING TO SECURITY	QUENCE OF	RMINAL DISEASE OR CONDITION GIVEN IN PART 110 PENIPHENIAL VASCULAN Z 1200, AUTOPSY? 1200, IF YES, WERE FINDINGS LI
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0		
		EASED NAME Edwar	CN Ale	0	Ale	20 DATE OF DEATH	MONTH DAY	YEAR 26	HOUR 4:25 P
3	SEX	M	4.RACE White	S DATE O		6. AGE (IN YEARS LAST BIR	THDAY IF UNDER		UNDER 24 HRS
)	D SIR	THPLACE (STATE GREGOREIGN DUNTRY)	76. CITIZEN OF WHAT COL	JNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City o		ATH	<i>N</i>
£ 8	Ba	YORTOWN OF DEATH	11. NAME OF HOSPITAL,	VE STREET ADDRESS)	DROTHER INSTITUTION	Inspect	ON WARKING FEE INDI	KIND OF BUSTRY	osiness of Steel
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event, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause per line far (a) D BY: TE CAUSE (a)	, (b), and (c).)	ardio vascubi	r cellapse	°8/	ETWEEN ONS	TE INTERVAL ET AND DE ATH
ounding.		Conditions, if any, which	DUE TO, OR AS A COL		dyscrasia	/	toponia		
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COL	nsequence of	CILL				
injury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIONS WILL	Per for at		MINAL DISEASE OR CON	DITION GIVEN IN F	PART lia	
7	CERTIFICATION	10/2	D. U.	Per Corol	N WAS PERFORMED	YES NO	206. IF YES, WERE IN CERTIFYING C YES	CAUSES OF	
4 /1		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE.	HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM TS PART ! OR	PART 2)	
/	MEDICAL	VHIE NOTWHIE AT WORK	21e. PLACE OF INJURY (AT HOME: STREET, FACTORY		21F LOCATION STREET	CITY OR TO)WN COI	DUNTY	STATE
21 15 mg		220.1 certify that N (this hasp saw the deceased glive an above, N) (we) (did) (did	ital) ottended the deceased		nd that in (my) (aur) apinian	to / C death occurred an the de		that	t (\ (we) los uses stated
		72b. SIGNATURE	retreto	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN	OATE SK	184
		226 PHYSICIAN'S NAME (TYPE	Freedman	7	22e ADDRESS U.	Maryland	Hospita	1	
		URIAL CREMATION, REMOVAL SPECIFY) Burial		23c. NAME OF C	EMETERY OR CREMATORY sary Cemetery	23d. OCATION CITY OF TOWN Dundalk	Baltim	nore	MD
/83	24 FL	NERAL DIRECTOR Duda-	Ruck, Inc.	DORESS			Tiberegistran's		indell

